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**CALSPAN LIMITED ON-SITE AIR BAG DEPLOYMENT INVESTIGATION**

**CALSPAN CASE NO. 96-25**

**VEHICLE: 1995 TOYOTA TERCEL**

**LOCATION: NORTH CAROLINA**

**CRASH DATE: . , 1996**

**Contract No. DTNH22-94-D-07058**

**Prepared for:**

**U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Washington, DC 20590**

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

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15. Supplementary Notes Limited on-site investigation of a air bag deployment crash that resulted in a fatal outcome to a belted 75 year old female right front passenger of a 1995 Toyota Tercel.			
16. Abstract <p>This investigation was assigned by NHTSA as a limited on-site which utilized the NASS personnel at P43 for vehicle and scene documentation. The subject vehicle was a 1995 Toyota that was involved in a front-to-rear impact sequence with a 1984 Chevrolet Corvette. The 12 o'clock impact force resulted in a barrier equivalent speed of 37.5 km/h (23.3 mph) which deployed the Tercel's driver and passenger side air bags.</p> <p>The driver of the Tercel was a 73 year old male. He was properly restrained by the manual 3-point lap and shoulder belt system. He loaded the restraint systems and contacted the headliner and knee bolster as he responded to the frontal impact force. As a result, the driver sustained multiple soft tissue contusions (AIS-1).</p> <p>The right front passenger of the Toyota Tercel was a 75 year old female who was seated in a mid track position. She was properly restrained by the manual 3-point lap and shoulder belt system. Her loading force against the belt webbing resulted in a fractured right clavicle (AIS-2), a right shoulder abrasion (AIS-1), and ecchymosis of the chest and breasts (AIS-1). She was transported to a local hospital where she was treated and released.</p> <p>The passenger's condition declined over the next several days. She was admitted to another hospital where she was diagnosed with a tear of the thoracic aorta. Immediate surgical repair was performed, however, the passenger remained comatose and expired 7 days following the crash.</p>			
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**CALSPAN LIMITED ON-SITE AIR BAG DEPLOYMENT INVESTIGATION**  
**CALSPAN CASE NO. 96-25**  
**VEHICLE: 1995 TOYOTA TERCEL**  
**LOCATION: NORTH CAROLINA**  
**CRASH DATE: 1996**

**SUMMARY**

This remote investigation focused on a 3-vehicle front-to-rear crash sequence that involved a 1995 Toyota Tercel. The Tercel was equipped with driver and passenger side air bags which deployed as a result of the crash. The Toyota Tercel was occupied by a 73 year old male and his 75 year old wife positioned in the right front of the vehicle. Both occupants were properly restrained by the manual 3-point lap and shoulder belt systems. The driver sustained soft tissue contusions from his involvement with the manual belt webbing and the deployed driver's side air bag. The right front passenger loaded the manual belt webbing and sustained a comminuted fracture of the right clavicle (AIS-2) and soft tissue ecchymosis (AIS-1). Her left wrist impacted the right sunvisor which resulted in an oblique fracture of the distal left radius (AIS-2). She was initially transported to a local hospital where she was treated for her injuries and released. The passenger was readmitted 4 days later and was subsequently diagnosed with a tear of the aorta (AIS-4). She received an emergency left thoracotomy, however, remained comatose and expired 8 days after the crash. The thoracic injury was attributed to belt loading.

The accident happened in a straight section of a two lane suburban roadway in There was a downgrade slight grade (-2%) for northbound traffic. The road was normal asphalt construction and was 6.5 m (21.3 ft) in width. The road was a no passing zone marked by solid double yellow centerlines and the speed limit in the area of the accident was 56 kph (35 mph). The weather was not a factor in the accident and the roads were dry.

The Calspan SCI team was notified of the crash on , 1996. Due to the location of the crash that was within a reasonable proximity to NASS PSU 43, a limited on-site investigation was assigned. Therefore, assistance of NASS personnel was required to inspect and document the Toyota Tercel and the crash scene. Family members were interviewed by both SCI and NASS personnel.

The driver of the Toyota Tercel had completed a right turn onto the two-lane roadway and was traveling in a northerly direction. A northbound 1984 Chevrolet Corvette had decelerated and stopped behind a 1991 Toyota Celica. The driver of the Tercel was possibly distracted by the right front passenger who was reviewing the daily mail. He failed to detect the stopped Corvette and continued forward to impact.

The Tercel impacted the Chevrolet Corvette in an approximate 75 percent off-set configuration which resulted in respective impact forces of 12 o'clock and 6 o'clock. The Tercel sustained a maximum bumper crush value of 36.5 cm (14.4") that was located 38.0 cm (15.0") inboard of the right corner. The Collision Deformation Classification (CDC) for the Tercel was 12-FDEW-3. A velocity change of 37.5 km/h (23.3 mph) was computed by the damage algorithm of the SMASH program. As a result of the impact induced deceleration, the Tercel's driver and passenger side air bags deployed.

The Corvette was displaced forward into the rear of the stopped 1991 Toyota Celica. The secondary impact sequence produced minor police reported damage to the involved vehicles. These vehicles were not inspected for this limited on-site investigation.

The driver of the Tercel was a 73 year old male with a height of 165.1 cm (65.0") and weight of 70.7 kg (157.0 lbs.). He was seated in a normal posture with the bucket seat adjusted to a mid track position. The driver was belted by the manual 3-point lap and shoulder belt system. Belt usage was confirmed by polymer transfers on the webbing from loading against the latchplate. He initiated a forward trajectory and loaded the manual belt webbing and interior components which resulted in multiple soft tissue contusions (AIS-1). He was transported to a local hospital where he was treated and released.

The right front passenger of the Tercel was a 75 year old female with a height of 147.3 cm (58.0") and weight of 49.5 kg (110.0 lb). She was restrained by the manual 3-point lap and shoulder belt system. The belt system exhibited loading evidence on the webbing at the latchplate which confirmed belt usage. The right front passenger was seated in a normal posture with the bucket seat adjusted to a mid track position. She probably attempted to brace against the upper instrument panel immediately prior to impact. As the passenger side air bag deployed, the bag contacted her upper extremities and displaced her left hand/wrist into the right sunvisor. The contact deformed the visor and fractured the left distal radius (AIS-2). The passenger initiated a forward trajectory in response to the frontal impact force and loaded the manual belt webbing. Her loading force against the belt webbing resulted in a fracture of the right clavicle (AIS-2), an abrasion of the right shoulder (AIS-1), ecchymosis across the chest and breasts (AIS-1), and at least 1 left rib fracture (AIS-1).

The right front passenger was transported to a local hospital for treatment of the fractures and released. She was readmitted to a hospital several days following the crash where she was diagnosed with a tear of the aorta. Surgical repair was performed, however, she remained comatose and expired 7 days post-crash.

The passenger side air bag deployed from a top mounted air bag module assembly with a single flap configuration. The cover flap impacted and fractured the lower right quadrant of the windshield. The air bag was not tethered and did not yield evidence of passenger contact (i.e. fabric/tissue/makeup transfers). Two small burn holes were noted to the face of the bag which probably occurred as a result of generant particles expelled from the inflator during deployment.

**CALSPAN LIMITED ON-SITE AIR BAG DEPLOYMENT INVESTIGATION**  
**CALSPAN CASE NO. 96-25**  
**VEHICLE: 1995 TOYOTA TERCEL**  
**LOCATION: NORTH CAROLINA**

**CRASH DATA**

Location:	Two-lane roadway
State:	North Carolina
Area/Type:	Rural/Residential
Crash Date/Time:	December, 1996/daylight hours
Investigating Police Agency:	Local police
Crash Type:	3-vehicle front-to-rear impact configuration
Air Bag Vehicle Occupant	Driver - Minor (AIS-1)
Injury Severity:	Right Front Passenger - Severe (AIS-4)

**AMBIENCE**

Viewing Conditions:	Daylight
Weather:	Clear
Precipitation:	None
Road Surface:	Dry

**HIGHWAY**

Type:	State route
Number of Lanes:	2
Width:	6.5 m (21.3')
Surface:	Asphalt
Median:	None
Edge:	Grass shoulders
Vertical Alignment:	-2 percent grade, negative to the north
Horizontal Alignment:	Straight
Estimated Coefficient of Friction:	0.65
Traffic Density:	Moderate

**TRAFFIC CONTROLS**

Signals:	None
Signs:	None
Markings:	Solid double yellow centerline, solid white road edge lines
Speed Limit:	56 kph (35 mph)

## **VEHICLES**

### **Air Bag Vehicle**

Description: 1995 Toyota Tercel DX, 4-door sedan  
V.I.N.: JT2EL56E5S7 (production number omitted)  
Date of Manufacture: 12/94  
Color: White  
Odometer: 83,983 km (52,186 miles)  
Engine: 1.5L, I-4, DOHC EFI  
Transmission: Automatic  
Steering: Power-assisted  
Brakes: Power assisted front disc, rear drum  
Padding: Soft-edge steering wheel rim and air bag module cover, instrument panel, door panels, door armrests, sun visors, and head restraints  
Manual Restraints: 3-point lap and shoulder belt systems in the front seated positions, inertia activated locking retractor with continuous loop belt webbing, a sliding latchplate, and adjustable upper anchorages (D-rings). Three-point lap and shoulder belt systems in the second seat outboard positions, center lap belt.  
Automatic Restraints: Driver and passenger side air bag Supplemental Restraint System (SRS) which deployed as a result of the crash  
Defects: none  
Tow Status: Towed due to damage

### **Vehicle #2**

Description: 1984 Chevrolet Corvette, 2-door coupe  
V.I.N.: 1G1AY0782E5 (production number omitted)  
Engine: 5.7L, V8, CFI  
Manual Restraints: 3-point lap and shoulder belt systems  
Automatic Restraints: none  
Tow Status: Towed due to damage

### **Vehicle #3**

Description: 1991 Toyota Celica ST, 2-door coupe  
V.I.N.: JT2AT86F2M0 (production number omitted)  
Engine: 1.6 liter, L-4  
Tow Status: Not required, driven from scene

## **VEHICLE DAMAGE**

### **Vehicle #1**

#### **Exterior:**

The 1995 Toyota Tercel sustained moderate frontal damage as a result of its front-to-rear impact sequence with the stopped 1984 Chevrolet Corvette (vehicle #2). The front bumper of the Toyota engaged the rear bumper of the Corvette while the hood face impacted the right taillamp area of vehicle #2. Direct contact damage began at the right front bumper corner of the Toyota and extended 103.0 cm (40.6") in length to the inboard edge of the right front bumper rub strip. Maximum crush was 36.5 cm (14.4") located on the bumper face 38.0 cm (15.0") inboard the right front bumper corner. The combined induced and direct contact damage was 114.0 cm (45.4") which involved the full width of the deformed front bumper. The residual crush profile was documented at the bumper level and was as follows:  $C_1 = 0$  cm [-14.9 cm (5.9")],  $C_2 = 18.5$  cm (7.3"),  $C_3 = 34.0$  cm (13.4"),  $C_4 = 35.0$  cm (13.8"),  $C_5 = 26.0$  cm (10.2"),  $C_6 = 26.0$  cm (10.2").

Damaged exterior components included front bumper fascia and reinforcement bar, radiator support, hood, right front fender, and the unitized frontal substructure of the vehicle.

**CDC:** 12-FDEW-2

**Repair Cost:** \$6,000.00 (police report)

#### **Interior:**

Interior damage to the Toyota Tercel was associated with air bag deployment, occupant restraint loading, and occupant contact with interior components. There was no interior damage associated with exterior deformation or intrusion of interior components.

The driver initiated a forward trajectory in response to the 12 o'clock impact force and loaded the manual 3-point lap and shoulder belt webbing with his thoracic and abdominal areas. His loading force against the belt webbing abraded the polymer coated latchplate. The coating was subsequently transferred onto the belt webbing as documented in Photograph Nos. 24 and 25. His knees contacted and scuffed the base of the steering column cover and the knee bolster, left of the column (refer to Photograph No. 27). There was no compression or cracking to the plastic components. The driver's side air bag subsequently expanded against the anterior aspect of the driver's forearms which displaced his hands from the steering wheel rim. His left hand probably flailed upward and contacted the headliner immediately rearward of the left sunvisor. A tissue transfer was noted to the fabric headliner (refer to Photograph No. 26). The driver's right hand contacted and fractured the wiper control lever that was mounted to the right side of the steering column. The right hand/arm probably continued in an upward direction and struck the rear view mirror, displacing the mirror up and to the right from its normal adjusted position.

## **VEHICLE DAMAGE (CONT'D.)**

### **Vehicle #1**

#### **Interior (Cont'd.)**

The NASS researcher noted several areas of possible contact evidence to the deployed driver's side air bag. These included several shafts of hair, clear body fluid transfers, a skin oil-type transfer, a possibly tissue transfer, and a blood stain. Due to the wide distribution of these transfers, it was doubtful that all of these transfers were related to this crash.

The right front passenger was seated in a mid track position and was restrained by the manual belt system. She loaded the manual belt webbing as she initiated a forward trajectory in response to the frontal impact force. Her loading of the belt webbing produced a polymer transfer on the webbing at the position of the latchplate (refer to Photograph Nos. 44-46). She probably attempted to brace against the upper instrument panel, however, the deploying passenger side air bag displaced her right hand/arm into the right sunvisor. The contact produced a tissue transfer to the visor and deformed the visor against the headliner (refer to Photograph No. 43). Her lower extremities contacted the lower aspect of the glove box door. A tissue and fabric-like transfer evidenced the contact area. The glove box door was found in the open position, however, it was unknown if this position was related to the crash.

The top mounted passenger side air bag module cover opened in an upward direction against the laminated windshield and cracked the glazing at the lower right quadrant of the windshield (refer to Photograph No. 39).

### **Vehicle #2 and #3 Exterior**

Vehicle #2 and vehicle #3 were not inspected by the NASS researcher. The Chevrolet Corvette (vehicle #2) sustained police reported damage to the center and right rear areas from its impact with the Toyota Tercel. The investigating officer estimated the repair cost for the rear damage at \$900.00, which appeared to be a conservative value for this vehicle. The officer identified minor damage to the center rear area of the 1991 Toyota Celica that resulted from the subsequent impact with the Chevrolet Corvette. There was no frontal damage reported on the police crash report for the Chevrolet Corvette (vehicle #2). The Chevrolet required towing from the scene. Vehicle #3 was driven from the scene by the driver and the damage was estimated on the PAR to be approximately \$300.

## **AUTOMATIC RESTRAINT SYSTEM**

The 1995 Toyota Tercel was equipped with a Supplemental Restraint System (SRS) that consisted of dual driver and passenger side air bags which deployed as a result of the impact sequence with the Chevrolet Corvette. The driver side air bag was incorporated into the steering wheel hub assembly in a typical configuration while the passenger side air bag was mounted into the top aspect of the right instrument panel.

The driver side air bag was designed to deploy from an H-configuration asymmetrical air bag module cover assembly that was contained within the four-spoke steering wheel. The steering wheel spokes were located at the 3 and 9 o'clock and 4 and 8 o'clock positions. The horn pad was incorporated into the module's lower cover flap. The H-configuration flaps were hinged at the top and bottom with a horizontal center tear seam and vertical outboard seams. The module upper cover flap had an overall height of 9.4 cm (3.7") and was 14.0 cm (5.5") wide at the center tear seam. The lower module cover flap was 14.0 cm (5.5") in width and the height was 9.0 cm (3.5"). SRS AIRBAG was molded into the mid aspect of the lower cover flap. The driver side air bag was a tethered bag with two vent ports on the back side of the bag at 11 and 1 o'clock. The diameter of the bag was 62.0 cm (24.4"). The bag identification was printed directly on the bag between the vent ports with the following:

A small drop of blood was located near the perimeter seam at 1 o'clock. The face of the driver side air bag had a white colored transfer in the center of the bag. An oily transfer mark was noted at the peripheral seam at the 9 o'clock position. Several hair fibers were noted midway between the oily transfer and the white transfer. A clear transfer stain formed a vertical arc on the face of the bag from about 10 o'clock, toward the center of the bag, and continued downward toward the 7 o'clock sector. The back of the bag also had the clear transfer stain at 6 o'clock close to the peripheral seam. Two oily transfer marks were noted on the back of the bag adjacent to the peripheral seam at 1:30 and 9 o'clock (as viewed from the face of the bag).

The passenger side air bag module assembly was mounted into the upper right instrument panel in a top-mount configuration. The passenger side air bag deployed as designed, however, the module cover flap impacted and fractured the laminated windshield during deployment. The passenger side air bag module cover was hinged at the forward edge adjacent to the windshield. The module cover flap opened at the designated tear points along both sides and the leading edge, opposite of the windshield. The cover flap measured 32.5 cm (12.8") in width at the leading edge and was 31.5 cm (12.4") wide at



## **AUTOMATIC RESTRAINT SYSTEM (CONT'D.)**

the hinged edge. The depth of the cover flap was measured at 22.0 cm (8.7") on the left side and 17.0 cm (7.0") on the right side (outboard). The air bag was constructed of a nylon woven fabric and was vented by two ports at 3 and 9 o'clock. The face of the passenger side air bag measured 64.0 cm (25.2") wide and 73.0 cm (28.7") in height. Two small burn holes were noted on the face of the bag and three small burn holes were noted on the back side of the bag. An oily transfer was located to the lower left quadrant of the bag face. The passenger side air bag was not tethered by internal straps or bands.

## **MANUAL RESTRAINTS**

The Toyota Tercel was equipped with manual 3-point lap and shoulder belt systems in the front seated positions. The systems consisted of a continuous loop belt webbing and a polymer coated latchplate. The webbing was spooled onto an inertia activated locking retractor located in the base of the B-pillar. The B-pillar mounted upper anchorage (D-ring) was adjustable for the shoulder belt webbing. The driver side D-ring was adjusted to the full up position and the right front was adjusted to the full down position at the time of vehicle inspection. There was evidence of loading on the belt webbing from both front seat occupants. The webbing at the latchplate location of both belt systems contained transfer evidence (polymer abrasions) which resulted from belt loading against the latchplate.

The rear seat of the Toyota Tercel was equipped with 3-point lap and shoulder belts in the outboard seated positions and a center lap belt. There were no rear seated occupants in the Toyota Tercel at the time of the crash.

## **COLLISION SEQUENCE**

### **Pre-Crash:**

The driver of the 1995 Toyota Tercel had exited a bank and initiated a right turn onto the state roadway to proceed in a northerly direction. He was accelerating up to the speed limit of 56 km/h (35 mph) as he approached the Chevrolet Corvette. The driver of the Corvette was traveling in a northerly direction and had decelerated for a stopped vehicle (vehicle #3) in the northbound travel lane. The driver of the northbound 1991 Toyota Celica had stopped ahead of the Chevrolet for a left turning northbound vehicle. The right front passenger of the air bag equipped 1995 Toyota Tercel was reviewing the mail and possibly distracted the driver. He failed to detect the stopped Chevrolet Corvette, therefore he did not initiate avoidance action. (The driver stated to his son following the crash that he did not observe the stopped Corvette prior to impact.)

## **COLLISION SEQUENCE (CONT'D.)**

### **Crash:**

The frontal area of the Toyota Tercel impacted the rear of the stopped Chevrolet Corvette in an off-set configuration which involved approximately 75 percent of the end planes of the vehicles. The resultant directions of force were 12 o'clock for the Toyota Tercel and 6 o'clock for the struck Corvette. The damage algorithm of the SMASH program computed a velocity change of 37.5 km/h (23.3 mph) for the Toyota Tercel. As a result of the impact induced deceleration, the Toyota Tercel's SRS deployed.

The impact displaced the Chevrolet Corvette in a forward direction where it impacted the center rear area of the stopped 1991 Toyota Celica. The subsequent impact sequence resulted in impact forces of 12 o'clock and 6 o'clock for the Corvette and Celica respectively. Based on the police report schematic, the Celica was displaced forward by the secondary crash sequence.

### **Post Crash:**

#### **Final Rest -**

The Toyota Tercel came to rest on the asphalt road surface near the point of impact. The Chevrolet Corvette came to rest near the subsequent impact location with the Celica. The Toyota Celica was displaced forward and came to rest near the mouth of the intersection. The air bag equipped Toyota Tercel sustained disabling damage which required towing from the scene. The Chevrolet Corvette sustained damage of an unknown severity and was towed from the scene. The Toyota Celica sustained minor rear damage and was driven from the scene.

#### **Driver Activities -**

The driver of the Toyota Tercel exited the vehicle unassisted and waited for emergency personnel to arrive on-scene. The right front passenger of the Tercel remained seated in the vehicle and was subsequently removed by emergency medical personnel. The driver's of vehicle #s 2 and 3 exited their respective vehicles unassisted.

#### **Rescue Activities -**

The occupants of the air bag equipped Toyota Tercel were transported to a local hospital where they were treated in the emergency room and released. The driver and right front occupant of the Chevrolet Corvette, and the driver of the Toyota Celica, did not require medical treatment.

## **HUMAN FACTORS/OCCUPANT DATA**

### **Vehicle #1**

	<b>Driver</b>	<b>Right Front Passenger</b>
Age/Sex:	73 year old male	75 year old female
Height:	165.1 cm (65.0")	147.3 cm (58.0")
Weight:	70.7 kg (157.0 lb.)	49.5 kg (110.0 lb.)
Manual Restraint System Usage:	3-point lap and shoulder belt system	3-point lap and shoulder belt system
Usage Source:	Vehicle inspection	Vehicle inspection
Eyewear:	Prescription eyeglasses	Prescription eyeglasses
Vehicle Familiarity:	Very familiar; leased/purchased 3 years prior to crash, 14,484 km (9,000 miles) at time of purchase, 83,983 km (52,186 miles) at time of crash	
Route Familiarity:	Traveled route frequently	
Trip Plan:	Traveling from the bank to a golf course	
Type of Medical Treatment:	Transported by EMS to a local hospital where he was treated for minor injuries and released	Transport by EMS to a local hospital, treated, and released. Readmitted 4 days later and expired 7 days post-crash.

## **DRIVER INJURIES**

<b>Injury</b>	<b>Injury Severity (AIS-90)</b>	<b>Injury Mechanism</b>
Multiple soft tissue contusions	Minor (990411.10)	Restraint loading

## **DRIVER KINEMATICS AND INJURIES**

The driver was presumably in a normal seated posture with the seat track adjusted 1.0 cm (0.4") rearward of the mid-track position. He was properly restrained by the 3-point manual lap and shoulder belt system. At impact, the SRS deployed and the driver initiated a forward trajectory in response to the 12 o'clock direction of force. The air bag probably expanded against the anterior aspects of the driver's forearms. His left hand/arm, flailed in an upward direction and struck the headliner directly rearward of the left sunvisor. A tissue transfer evidenced the contact area. His right hand contacted and fractured the wiper control lever of the right of the steering column and continued upward, displacing the rear view mirror.

## **DRIVER KINEMATICS (CONT'D.)**

The belt system's inertia activated retractor locked due to the vehicle's deceleration and the driver loaded the webbing with his pelvic and thoracic areas. Abrasions on the webbing at the area of the latchplate were noted during the inspection. His knees contacted and scuffed the left aspect of the knee bolster and the base of the steering column. As a result of restraint and interior component loading, the driver sustained multiple soft tissue contusions.

## **RIGHT FRONT PASSENGER INJURIES**

<b>Injury</b>	<b>Injury Severity (AIS-90)</b>	<b>Injury Mechanism</b>
Aorta tear distal to the subclavian artery at ligamentum arteriosum with hemorrhage and left hemothorax <i>*The severity of this injury was amplified at the hospital by a thoracic aortogram.</i>	Severe (420206.44)	Manual shoulder belt webbing
Comminuted mid right clavicle fracture with inferior angulation	Moderate (752200.21)	Manual shoulder belt webbing
Oblique hairline fracture (through the lateral surface) of the distal left radius that extends into the articular surface	Moderate (752802.22)	Right sunvisor/headliner
Ecchymosis across the anterior chest and breasts	Minor (490402.10)	Manual shoulder belt webbing
Ecchymosis across the lower abdomen	Minor (590402.10)	Manual lap belt webbing
Small abrasion of the right shoulder	Minor (790202.11)	Manual shoulder belt webbing
At least 1 left rib fracture (not further specified)	Minor (450212.12)	Manual shoulder belt webbing
Dorsum right hand ecchymosis	Minor (790402.11)	Right sunvisor

## **RIGHT FRONT PASSENGER KINEMATICS**

The right front passenger of the Toyota Tercel was seated in an upright posture with the seat adjusted to a mid track position. She was reviewing mail, therefore her hands were probably positioned on her lap. The passenger was properly belted by the manual 3-point lap and shoulder belt system. Belt usage was confirmed by polymer abrasions from the latchplate assembly onto the belt webbing (refer to Photograph Nos. 44-46 ). In addition, the passenger sustained soft tissue injuries that were consistent with belt usage.

Immediately prior to impact, the passenger probably extended her hands in an attempt to brace against the upper right instrument panel. At impact, the passenger side air bag deployed which displaced her left hand/arm in an upward direction into the right sunvisor. The contact deformed the visor and fractured the distal left radius. The dorsal aspect of her right hand probably contacted the headliner or right door surface which resulted in ecchymosis to the dorsum right hand.

The passenger initiated a forward trajectory in response to the frontal impact force and loaded the manual belt webbing with her thoracic and abdominal areas. Her loading force against the belt webbing resulted in an abrasion of the right shoulder, a comminuted mid right clavicle fracture with inferior angulation, ecchymosis over the anterior chest and lower abdomen, and a left rib fracture. In addition, the passenger sustained a tear of the aorta distal to the subclavian artery with a left hemothorax. Her lower extremities contacted the glove box door, however, no injury resulted from the contact sequence that produced a tissue and fabric transfer to the plastic component.

The passenger rebounded into the right front seat back where she came to rest. Immediately following the crash, the passenger unbuckled the manual belt system and remained in the vehicle for rescue personnel to arrive on-scene.

It should be noted that although the right front passenger of the Toyota Tercel sustained a fatal outcome injury, the passenger side air bag did not appear to be a contributing factor in the injury mechanism. The mid track seat position and proper use of the 3-point manual belt system would have positioned her outboard of the deployment path of the top mounted non-tethered air bag. Her injuries were consistent with seat belt loading and there was loading evidence on the belt webbing. There was no occupant contact evidence (i.e., fabric/tissue transfers) on the deployed passenger side air bag. In addition, the passenger did not sustain the typical abrasion patterns of the face, neck, and anterior chest that are usually associated with closely positioned occupants to a deploying air bag.

## **PASSENGER'S MEDICAL TREATMENT**

The right front passenger of the Toyota Tercel was transported by ambulance to a local hospital where she complained of pain to the neck, right shoulder, chest, right knee, left wrist, and right hand. She denied loss of consciousness, however, was confused upon arrival. The hospital staff ordered X-rays of the cervical spine, right clavicle, right hand, left wrist, chest, and right knee. The radiologist noted in his report that the passenger sustained the comminuted fracture of the mid portion of the right clavicle with inferior angulation and an oblique fracture through the lateral surface of the distal radius. His report also noted an old fracture of the left ulna styloid process, however, he noted there was no pneumothorax, acute infiltrate, or cardiac enlargement.

The hospital staff placed a Figure 8 brace to the right shoulder of the passenger and recommended a pain medication every 4-6 hours. She was referred to an orthopedic specialist for consultation on Monday, 3 days following the crash and initial treatment. The passenger was released from the emergency room of the hospital approximately 2.5 hours following arrival.

On the day following the crash, the passenger's son stopped at her residence to check on the condition of both occupants of the Toyota. The female passenger complained of pain to the left chest and wrist and noted that she had a "rough night". He transported the passenger to the emergency room by private vehicle. The hospital staff placed a splint on the left wrist. The attending physician advised her to breath deeply and frequently and use a pain medication when necessary. He noted on the medical report that the passenger had left chest wall pain, tenderness over the left wrist, clear lungs, and a possible left rib fracture or contusion. The passenger was subsequently released and advised to call for orthopedic consultation.

Three days following the crash (Monday), the passenger's son transported her to her private physician. The physician evaluated her condition and scheduled an appointment with an orthopedic specialist for the following day (Tuesday). She was subsequently transported back to her residence.

On Tuesday morning, the passenger complained of dizziness and collapsed. An ambulance was requested and the passenger was prepared for transport to another hospital in the area. En route, the ambulance attendants noted that the passenger's condition was declining and they transported her to the hospital which initially treated her on the day on the crash. This hospital was closer to the location of her decline, therefore she was transported to this facility for immediate evaluation.

The attending physician noted that on-arrival, the passenger was in moderate distress. She was conscious, her skin was noted to be clammy and diaphoretic. She was pale and complaining of chest pain, but noted that the pain was less than it had been. Her heart rate was listed at 135 with a blood pressure of approximately 100 systolic. The passenger was

## **PASSENGER'S MEDICAL TREATMENT (CONT'D.)**

re-valuated by X-ray which indicated a possible left hemothorax and a widened mediastinum. The physician determined that the passenger was in impending cardiac collapse, therefore he administered blood, and oxygen. She stabilized and her heart rate dropped to approximately 100. The passenger was prepared for transfer to the other local hospital. The physician concluded a working diagnosis of hemothorax as he ruled out aortic or mediastinal injury.

En route to the second hospital on Tuesday, the passenger had a synodal episode, but was revived rapidly. On arrival, her blood pressure was recorded at 88/55 with a pulse rate of 120. Her physical exam revealed marked ecchymosis across the lower abdomen that was consistent with seat belt usage and ecchymosis across the anterior chest and breasts. Laboratory findings revealed a large left hemothorax with questionable widening of the mediastinum. There was no conclusive tear of the aorta.

In the emergency room, the passenger was stabilized with a blood pressure of 120-130 and a pulse rate of 90. The attending physician ruled out a thoracic aorta injury and scheduled a thoracic aortogram. At the time of the aortogram, there was an immediate leakage seen in the distal arch of the aorta and the passenger became hypotensive. She was immediately taken to the operating room where a left thoracotomy was performed. A tear of the ligamentum arteriosum was detected and repaired with an interposition graft.

Post-operatively, the passenger's blood pressure was stabilized with massive vasopressors. She had an apparent episode of DIC which was treated with blood platelets and fresh frozen plasma.

During the following days, the passenger remained comatose. The physician felt that she possibly had severe anoxic encephalopathy due to her period of hypotension at the time of her aortic rupture. A neurology consultation was obtained which revealed a non-functioning brain. The situation was discussed with the family and support was terminated. She expired on Friday, eight days following the crash. No autopsy was performed.

*In addition to the death of the right front passenger, the husband (driver) of the passenger became distraught over the crash and the loss of his wife. (They were recently married in November, 1996.) His body was discovered by his son approximately three weeks following the crash, the victim of an obvious suicide.*

**ATTACHMENT A:**

**Scene Photographs**





1. Pre-crash trajectory view of the 1995 Toyota Tercel DX approximately 200 feet from the point of impact (POI) with the 1984 Chevrolet Corvette.



2. Pre-crash trajectory view of the Toyota approximately 100 feet from the POI.



3. Pre-crash trajectory view of the Toyota approximately 40 feet from the POI.



4. View of the POI and the final rest position of the Toyota denoted by the fluid spill.





5. Look back view of the Toyota.



6. View of the approximate POI of the Chevrolet Corvette and the Toyota Celica.



7. Look back view from the intersection.

**ATTACHMENT B**

**Photographs**





1. Frontal view of the impact damage to the 1995 Toyota Tercel.



2. View of the front bumper fascia of the Toyota Tercel.



3. Close-up view of the damage to the right corner of the front bumper fascia.



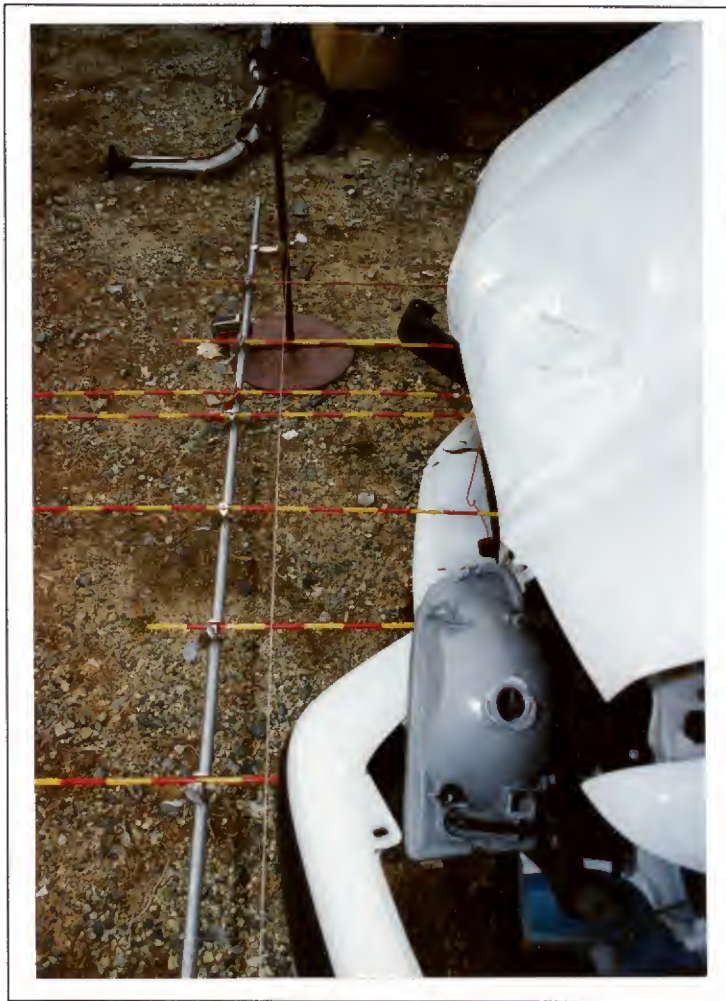
4. Close-up view of the damage to the left corner of the front bumper fascia.





5. Left front three-quarter view of the Toyota Tercel.





6. Perpendicular view of the frontal plane documenting the extent of crush.



7. Left side view of Vehicle #1.



8. Right side view of Vehicle #1.



9. Perpendicular view of the rearward displacement of the frontal plane.





10. Corner view of the frontal deformation.



11. Right front three-quarter view.



12. Windshield damage to the Toyota Tercel.



13. Close-up view of the passenger side windshield damage caused by the air bag module cover flap.

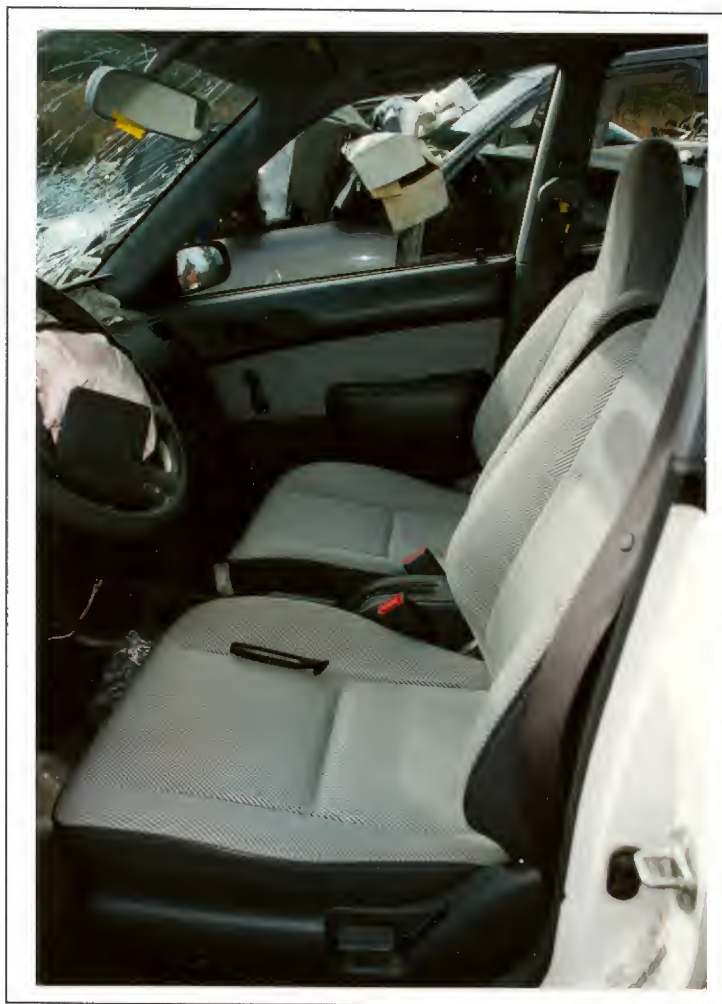




14. Vehicle identification sticker located on the left front door.



15. Overall view of the driver's compartment and the driver side air bag module.



16. Perpendicular view of the front seat area.



17. Deployed driver side air bag module with the air bag placed back into the module.



18. Driver side air bag module upper cover flap.





19. Driver side air bag module lower cover flap.



20. View of the driver side air bag.



21. Driver side air bag module vent ports located at 11 and 1 o'clock.



22. Driver contact evidence located in the upper left and lower left quadrants of the air bag.





23. Broken windshield wiper control lever by the hand of the right front occupant.



24. Left front manual belt system in use at the time of the crash.



25. Close-up view of abrasions on the left front belt webbing.

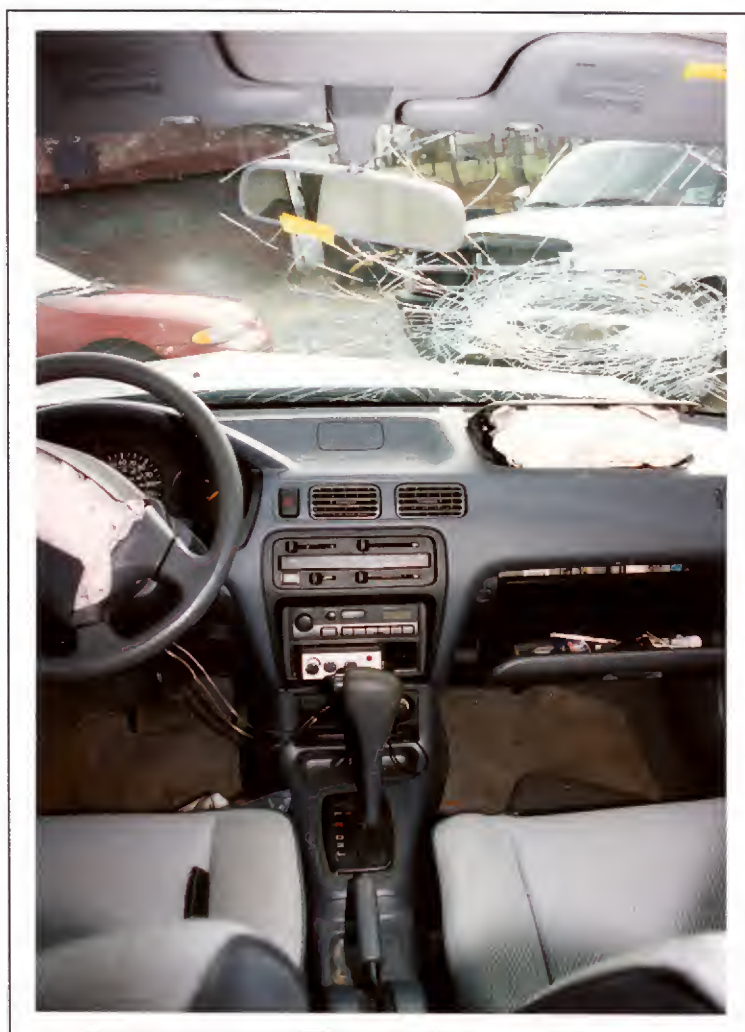


26. Air bag caution label on the bottom side of the left sun visor.



27. Close-up view of probable driver contact scuff marks on the lower instrument panel and steering column cover.





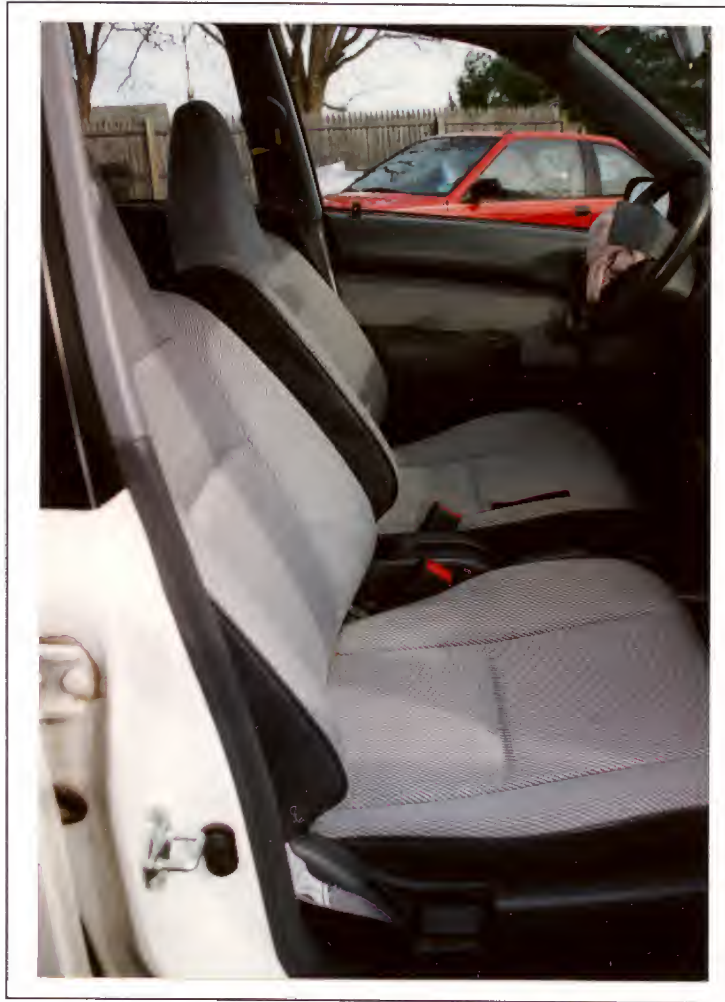
28. View of the windshield, roof header, center instrument panel and console area.



29. Close-up view of the rearview mirror which was askew.



30. Overall view of the right front seat position and the deployed passenger side air bag shown placed back into the module.



31. Perpendicular view from the right of the front seat positions.





32. View of the damage to the right side of the windshield.



33. Passenger side air bag module cover flap aligned with windshield cracks.



34. Passenger side air bag module cover flap.



35. Underside of the air bag module cover flap.





36. Overall view of the face of the passenger side air bag.



37. Transfer evidence on the face of the air bag relative to quadrant marker.



38. Passenger side air bag left vent port.



39. Passenger side air bag right vent port.



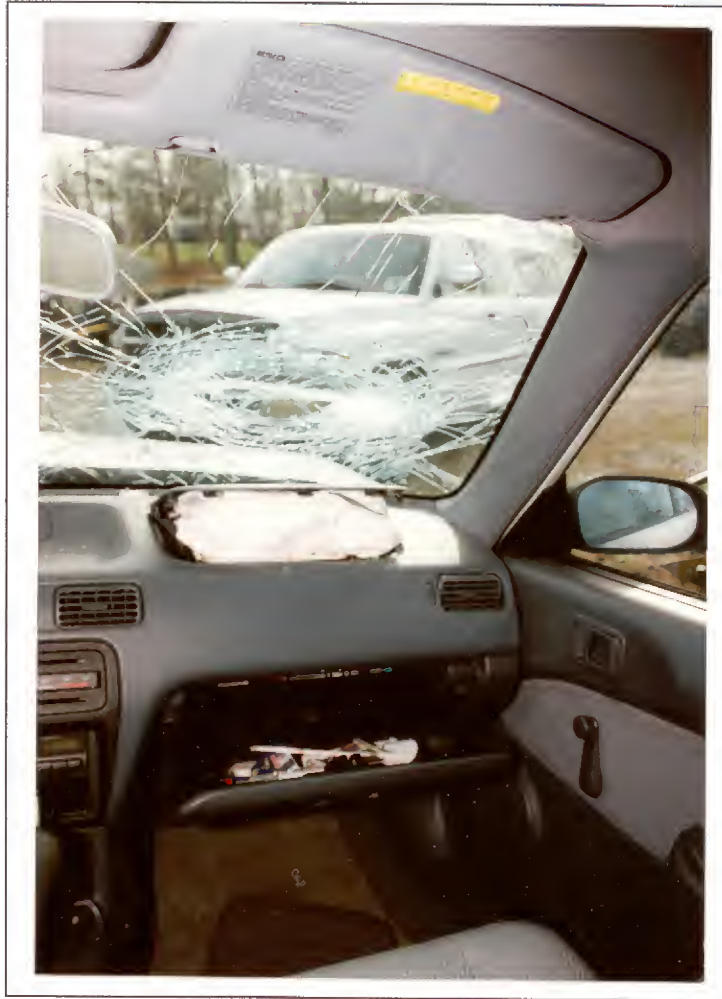
40. View of the mid-instrument panel below the air bag module.



41. Close-up view into the right side of the passenger side air bag module.



BEST AVAILABLE

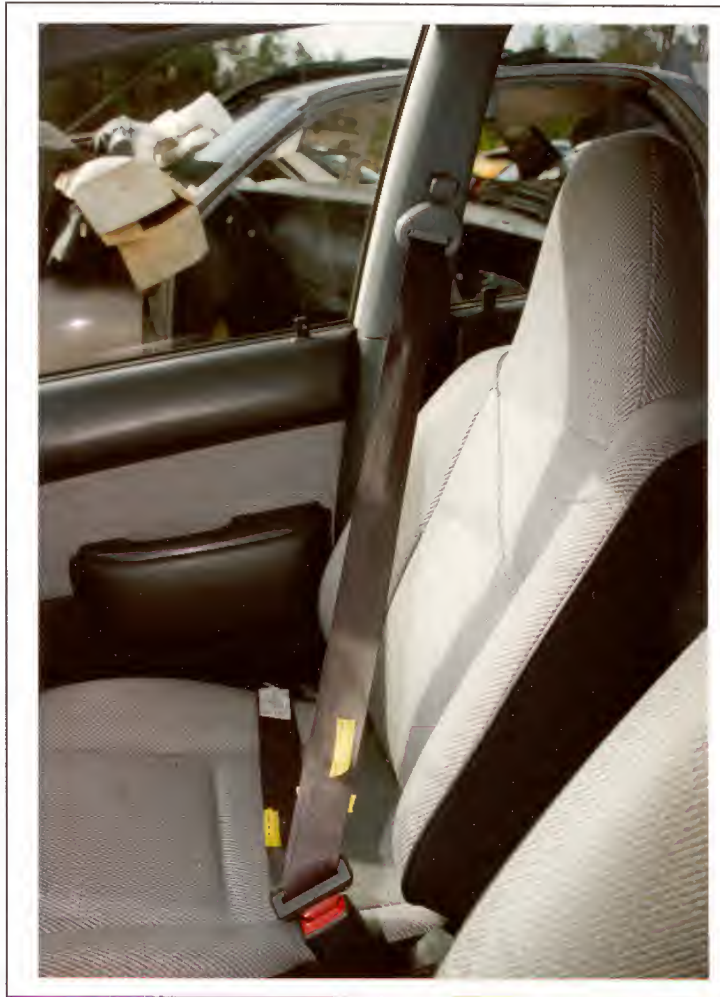


42. Overall view of the roof header, right instrument panel, windshield, and the open glove compartment door.



43. View of the right sun visor deformed by contact with the head of the right front occupant.





44. Right front manual belt system in use at the time of the crash.



45. Close-up view of abrasions on the right front belt webbing.



46. Close-up view of an abraded area on the right front belt webbing.



47. Position of the right front seat track.

**ATTACHMENT C:**

**SMASH Output**

## General Information

NC - Barrier Equivalent Damage 1995 Toyota Tercel DX

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Year:	1995	
Make:	Toyota	
Model:	Tercel	
Body Style:	2C	
CDC:	12FDEW2	BARRIER
Damaged Side:		
PDOF:	360 degrees	0 degrees
Heading Angle:	360 degrees	0 degrees

## Vehicle Information

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Wheelbase:	238.0 cm	0.0 cm
Length:	394.5 cm	0.0 cm
Width:	164.0 cm	0.0 cm
Weight:	1053.0 kg	454545.0 kg
Center of Gravity:	106.1 cm	127.0 cm
Radius of Gyration:	138.0 cm	2540.0 cm
D0:	97.0 sqrt(N)	0.0 sqrt(N)
D1:	7.2 sqrt(N)/cm	0.0 sqrt(N)/cm
Size Category:	2	11
Stiffness Category:	2	0

Vehicle 1: Used d0 and d1 values estimated from the vehicle size.  
Vehicle 2: Used d0 and d1 values estimated from the vehicle size.

### Damage Information

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Damage Length:	138.0 cm	0.0 cm
Damage Offset:	0.0 cm	0.0 cm
C1:	0.0 cm	
C2:	19.0 cm	
C3:	34.0 cm	
C4:	35.0 cm	
C5:	26.0 cm	
C6:	26.0 cm	

## Summary of Results Using Damage

### Vehicle 1

	Speed Change (Damage)
Total:	37.5 km/h
Longitudinal:	-37.5 km/h
Latitudinal:	0.0 km/h

Energy Dissipated: 57,333 Joules

Barrier Equivalent Speed: 37.5 km/h

Used d0 and d1 values estimated from the vehicle size.

### Vehicle 2

Barrier



**ATTACHMENT D:**

**NASS Vehicle Forms**



# GENERAL VEHICLE FORM

1. Primary Sampling Unit Number 43  
2. Case Number - Stratum 1  
3. Vehicle Number 01

## VEHICLE IDENTIFICATION

4. Vehicle Model Year 95  
Code the last two digits of the model year  
(99) Unknown
5. Vehicle Make (specify): Toyota 49  
Applicable codes are found in your  
NASS Data Collection, Coding and  
Editing Manual.  
(99) Unknown
6. Vehicle Model (specify): DX Tercel 038  
Applicable codes are found in your  
NASS Data Collection, Coding and  
Editing Manual.  
(999) Unknown
7. Body Type 04  
Note: Applicable codes may be found on  
the back of this page.
8. Vehicle Identification Number  
JTZE156E5S70  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17  
Left justify; Slash zeros and letter Z (0 and Z)  
No VIN—Code all zeros  
Unknown—Code all nines
9. Vehicle Special Use (This Trip) 0  
(0) No special use  
(1) Taxi  
(2) Vehicle used as school bus  
(3) Vehicle used as other bus  
(4) Military  
(5) Police  
(6) Ambulance  
(7) Fire truck or car  
(8) Other (specify):  
(9) Unknown

## OFFICIAL RECORDS

10. Police Reported Vehicle Disposition 1  
(0) Not towed due to vehicle damage  
(1) Towed due to vehicle damage  
(9) Unknown
11. Police Reported Travel Speed 056  
Code to the nearest kmph (NOTE: 000 means  
less than 0.5 kmph)  
(160) 159.5 kmph and above  
(999) Unknown  
35 mph X 1.6093 = 56 kmph

12. Speed Limit 056  
(000) No statutory limit  
Code posted or statutory speed limit in kmph  
(999) Unknown  
35 mph X 1.6093 = 56 kmph
13. Police Reported Alcohol Presence For Driver 0  
(0) No alcohol present  
(1) Yes alcohol present  
(7) Not reported  
(8) No driver present  
(9) Unknown
14. Alcohol Test Result For Driver 96  
Code actual value (decimal implied  
before first digit—0.xx)  
(95) Test refused  
(96) None given  
(97) AC test performed, results unknown  
(98) No driver present  
(99) Unknown  
Source: P.A.R.
15. Police Reported Other Drug Presence For Driver 0  
(0) No other drug(s) present  
(1) Yes other drug(s) present  
(7) Not reported  
(8) No driver present  
(9) Unknown
16. Other Drug Specimen Test Result For Driver 0  
(0) No specimen test given  
(1) Drug(s) not found in specimen  
(2) Drug(s) found in specimen, (specify):  
(3) Specimen test given, results unknown or not  
obtained  
(8) No driver present  
(9) Unknown if specimen test given
17. Driver's Zip Code \_\_\_\_\_  
(00001) Driver not a resident of U.S. or territories  
Code actual 5-digit zip code  
(99998) No driver present  
(99999) Unknown
18. Driver's Race/Ethnic Origin 1  
(1) White (non-Hispanic)  
(2) Black (non-Hispanic)  
(3) White (Hispanic)  
(4) Black (Hispanic)  
(5) American Indian, Eskimo or Aleut  
(6) Asian or Pacific Islander  
(7) Other (specify):  
(8) No driver present  
(9) Unknown

## PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2

- (0) Non-interchange area and non-junction  
(1) Interchange area related

*Non-Interchange junctions*

- (2) Intersection related  
(3) Driveway, alley access related  
(4) Other junction (specify) \_\_\_\_\_

(5) Unknown type of junction

(9) Unknown

20. Trafficway Flow 0

- (0) Not physically divided (two way traffic)  
(1) Divided trafficway-median strip without positive barrier  
(2) Divided trafficway-median strip with positive barrier  
(3) One way traffic  
(9) Unknown

21. Number Of Travel Lanes 2

- (1) One  
(2) Two  
(3) Three  
(4) Four  
(5) Five  
(6) Six  
(7) Seven or more  
(9) Unknown

22. Roadway Alignment 1

- (1) Straight  
(2) Curve right  
(3) Curve left  
(9) Unknown

23. Roadway Profile 4

- (1) Level  
(2) Uphill grade (> 2%)  
(3) Hill crest  
(4) Downhill grade (> 2%)  
(5) Sag  
(9) Unknown

24. Roadway Surface Type 2

- (1) Concrete  
(2) Bituminous (asphalt)  
(3) Brick or block  
(4) Slag, gravel, or stone  
(5) Dirt  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

25. Roadway Surface Condition 1

- (1) Dry  
(2) Wet  
(3) Snow or slush  
(4) Ice  
(5) Sand, dirt, or oil  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

26. Light Conditions 1

- (1) Daylight  
(2) Dark  
(3) Dark, but lighted  
(4) Dawn  
(5) Dusk  
(9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions  
(1) Rain  
(2) Sleet/hail  
(3) Snow  
(4) Fog  
(5) Rain and fog  
(6) Sleet and fog  
(7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): \_\_\_\_\_  
(9) Unknown

28. Traffic Control Device 5

- (0) No traffic control(s)  
(1) Traffic control signal (not RR crossing)

*Regulatory*

- (2) Stop sign  
(3) Yield sign  
(4) School zone sign  
(5) Other regulatory sign (specify): Curve Ahead Arrow  
(6) Warning sign (not RR crossing)  
(7) Unknown sign  
(8) Miscellaneous/other controls including RR controls (specify): \_\_\_\_\_

(9) Unknown

29. Traffic Control Device Functioning 2

- (0) No traffic control device  
(1) Traffic control device not functioning (specify): \_\_\_\_\_  
(2) Traffic control device functioning properly  
(9) Unknown



**PRECRASH DRIVER RELATED DATA**

30. Driver's Distraction/Inattention To Driving 0 3  
 (Prior To Recognition Of Critical Event)  
 (00) No driver present  
 (01) Attentive or not distracted  
 (02) Looked but did not see  
*Distractions*  
 (03) By other occupant(s), (specify): RF Passenger, reading the mail out loud.  
 (04) By moving object in vehicle (specify): \_\_\_\_\_  
 (05) While talking or listening to cellular phone (specify location and type of phone): \_\_\_\_\_  
 (06) While dialing cellular phone (specify location and type of phone): \_\_\_\_\_  
 (07) While adjusting climate controls  
 (08) While adjusting radio, cassette, CD (specify): \_\_\_\_\_  
 (09) While using other device/controls integral to vehicle (specify): \_\_\_\_\_  
 (10) While using or reaching for device/object brought into vehicle (specify): \_\_\_\_\_  
 (11) Sleepy or fell asleep  
 (12) Distracted by outside person, object, or event (specify): \_\_\_\_\_  
 (13) Eating or drinking  
 (14) Smoking related  
 (97) Distracted/inattentive, details unknown  
 (98) Other, distraction (specify): \_\_\_\_\_  
 (99) Unknown
31. Pre-Event Movement (Prior to Recognition of Critical Event) 0 1  
 (00) No driver present  
 (01) Going straight  
 (02) Decelerating in traffic lane  
 (03) Accelerating in traffic lane  
 (04) Starting in traffic lane  
 (05) Stopped in traffic lane  
 (06) Passing or overtaking another vehicle  
 (07) Disabled or parked in travel lane  
 (08) Leaving a parking position  
 (09) Entering a parking position  
 (10) Turning right  
 (11) Turning left  
 (12) Making a U-turn  
 (13) Backing up (other than for parking position)  
 (14) Negotiating a curve  
 (15) Changing lanes  
 (16) Merging  
 (17) Successful avoidance maneuver to a previous critical event  
 (97) Other (specify): \_\_\_\_\_  
 (99) Unknown
32. Critical Precrash Event 5 0  
**THIS VEHICLE LOSS OF CONTROL DUE TO:**  
 (01) Blow out or flat tire  
 (02) Stalled engine  
 (03) Disabling vehicle failure (e.g., wheel fell off) (specify): \_\_\_\_\_  
 (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): \_\_\_\_\_  
 (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): \_\_\_\_\_  
 (06) Traveling too fast for conditions  
 (08) Other cause of control loss (specify): \_\_\_\_\_  
 (09) Unknown cause of control loss

**THIS VEHICLE TRAVELLING**

- (10) Over the lane line on left side of travel lane  
 (11) Over the lane line on right side of travel lane  
 (12) Off the edge of the road on the left side  
 (13) Off the edge of the road on the right side  
 (14) End departure  
 (15) Turning left at intersection  
 (16) Turning right at intersection  
 (17) Crossing over (passing through) intersection  
 (18) This vehicle decelerating  
 (19) Unknown travel direction

**OTHER MOTOR VEHICLE IN LANE**

- (50) Other vehicle stopped  
 (51) Traveling in same direction with lower steady speed  
 (52) Traveling in same direction while decelerating  
 (53) Traveling in same direction with higher speed  
 (54) Traveling in opposite direction  
 (55) In crossover  
 (56) Backing  
 (59) Unknown travel direction of other motor vehicle in lane

**OTHER MOTOR VEHICLE ENCROACHING INTO LANE**

- (60) From adjacent lane (same direction)—over left lane line  
 (61) From adjacent lane (same direction)—over right lane line  
 (62) From opposite direction—over left lane line  
 (63) From opposite direction—over right lane line  
 (64) From parking lane  
 (65) From crossing street, turning into same direction  
 (66) From crossing street, across path  
 (67) From crossing street, turning into opposite direction  
 (68) From crossing street, intended path not known  
 (70) From driveway, turning into same direction  
 (71) From driveway, across path  
 (72) From driveway, turning into opposite direction  
 (73) From driveway, intended path not known  
 (74) From entrance to limited access highway  
 (78) Encroachment by other vehicle—details unknown

**PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST**

- (80) Pedestrian in roadway  
 (81) Pedestrian approaching roadway  
 (82) Pedestrian—unknown location  
 (83) Pedalcyclist or other nonmotorist in roadway (specify): \_\_\_\_\_  
 (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): \_\_\_\_\_  
 (85) Pedalcyclist or other nonmotorist—unknown location (specify): \_\_\_\_\_

**OBJECT OR ANIMAL**

- (87) Animal in roadway  
 (88) Animal approaching roadway  
 (89) Animal—unknown location  
 (90) Object in roadway  
 (91) Object approaching roadway  
 (92) Object—unknown location  
 (98) Other critical precrash event (specify): \_\_\_\_\_  
 (99) Unknown

<p>33. Attempted Avoidance Maneuver <u>0</u> <u>1</u></p> <p>(00) No driver present</p> <p>(01) No avoidance maneuver</p> <p>(02) Braking (no lockup)</p> <p>(03) Braking (lockup)</p> <p>(04) Braking (lockup unknown)</p> <p>(05) Releasing brakes</p> <p>(06) Steering left</p> <p>(07) Steering right</p> <p>(08) Braking and steering left</p> <p>(09) Braking and steering right</p> <p>(10) Accelerating</p> <p>(11) Accelerating and steering left</p> <p>(12) Accelerating and steering right</p> <p>(98) Other action (specify): _____</p> <p>(99) Unknown</p>	<p>35. Pre-Impact Location <u>1</u></p> <p>(0) No driver present</p> <p>(1) Stayed in original travel lane</p> <p>(2) Stayed on roadway but left original travel lane</p> <p>(3) Stayed on roadway, not known if left original travel lane</p> <p>(4) Departed roadway</p> <p>(5) Remained off roadway</p> <p>(6) Returned to roadway</p> <p>(7) Entered roadway</p> <p>(9) Unknown</p>
<p>34. Pre-Impact Stability <u>1</u></p> <p>(0) No driver present</p> <p>(1) Tracking</p> <p>(2) Skidding longitudinally—rotation less than 30 degrees</p> <p>(3) Skidding laterally—clockwise rotation</p> <p>(4) Skidding laterally—counterclockwise rotation</p> <p>(7) Other vehicle loss-of-control (specify): _____</p> <p>(9) Precrash stability unknown</p>	<p>36. Accident Type <u>2</u> <u>0</u></p> <p>(Note: Applicable codes on back of this page)</p> <p>(00) No impact</p> <p>Code the number of the diagram that best describes the accident circumstance</p> <p>(98) Other accident type (specify): _____</p> <p>(99) Unknown</p>

**STOP HERE IF GV07 DOES NOT EQUAL 01 - 49**



## OCCUPANT RELATED

37. Driver Presence in Vehicle 1  
 (0) Driver not present  
 (1) Driver present  
 (9) Unknown
38. Number of Occupants This Vehicle 0 2  
 (00-96) Code actual number of occupants for this vehicle  
 (97) 97 or more  
 (99) Unknown
39. Number of Occupant Forms Submitted 0 2

## AIR BAG RELATED

40. Is this an AOPS Vehicle? 1  
 (0) No (includes unknown)  
 (1) Yes - researcher determined  
 (2) VIN determined air bag system  
 (3) VIN determined automatic (passive) belts  
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 6  
 (0) Not equipped or not available  
 (1) No air bags deployed  
*Single Air Bag Vehicle*  
 (2) Driver air bag deployed  
 (3) Driver air bag, unknown if deployed  
*Multiple Air Bag Vehicle*  
 (4) Driver side only deployed  
 (5) Passenger side only deployed  
 (6) Driver and passenger side deployed  
 (7) Driver and passenger side unknown if deployed  
 (8) Air bag(s) deployed, details unknown  
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0  
 (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

Specify type of "other" air bag present: \_\_\_\_\_

## VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 0, 9 1 0  
 Code weight to nearest 10 kilograms.  
 (045) Less than 454 kilograms  
 (612) 6,124 kilograms or more  
 (999) Unknown  
2, 0 0 5 lbs X .4536 = 0, 9 0 9 kgs

Source: \_\_\_\_\_

44. Vehicle Cargo Weight 0, 0 3 0  
 Code weight to nearest 10 kilograms.  
 (000) Less than 5 kilograms  
 (454) 4,536 kilograms or more  
 (999) Unknown  
0 0, 0 6 0 lbs X .4536 = 0, 0 2 7 kgs  
 Source: \_\_\_\_\_

## ROLLOVER DATA

45. Rollover 0 0  
 (00) No rollover (no overturning)  
*Rollover (primarily about the longitudinal axis)*  
 (01-16) Code the number of quarter turns  
 (17) Rollover, 17 or more quarter turns (specify): \_\_\_\_\_  
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)  
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 0 0  
 (00) No rollover  
 (01) Trip-over  
 (02) Flip-over  
 (03) Turn-over  
 (04) Climb-over  
 (05) Fall-over  
 (06) Bounce-over  
 (07) Collision with another vehicle  
 (08) Other rollover initiation type specify): \_\_\_\_\_  
 (98) Rollover--end-over-end  
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0  
 (0) No rollover  
 (1) On roadway  
 (2) On shoulder--paved  
 (3) On shoulder--unpaved  
 (4) On roadside or divided trafficway median  
 (8) Rollover--end-over-end  
 (9) Unknown
48. Rollover Initiation Object Contacted 0 0  
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0  
 (0) No rollover  
 (1) Wheels/tires  
 (2) Side plane  
 (3) End plane  
 (4) Undercarriage  
 (5) Other location on vehicle (specify): \_\_\_\_\_  
 (6) Non-contact rollover forces (specify): \_\_\_\_\_  
 (8) Rollover--end-over-end  
 (9) Unknown
50. Direction of Initial Roll 0  
 (0) No rollover  
 (1) Roll right - primarily about the longitudinal axis  
 (2) Roll left - primarily about the longitudinal axis  
 (8) Rollover--end-over-end  
 (9) Unknown roll direction

## OVERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 0
52. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)*

*[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

- (1) 1st CDC  
(2) 2nd CDC  
(3) Other not automated CDC (specify):  
\_\_\_\_\_

*Underride (see specific CDC)*

*[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

- (4) 1st CDC  
(5) 2nd CDC  
(6) Other not automated CDC (specify):  
\_\_\_\_\_

- (7) Medium/heavy truck or bus override (of any configuration)

- (9) Unknown

## HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

- (996) Non-horizontal impact  
(997) Noncollision  
(998) Impact with object  
(999) Unknown

53. Heading Angle For This Vehicle 0 0 0

54. Heading Angle For Other Vehicle 0 0 0

## RECONSTRUCTION DATA

55. Towed Trailing Unit 0
- (0) No towed unit  
(1) Yes—towed trailing unit  
(9) Unknown

56. Documentation of Trajectory Data for This Vehicle 0
- (0) No  
(1) Yes

57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
- (0) Not collision (for highest delta V) with tree or pole  
(1) Not damaged  
(2) Cracked/sheared  
(3) Tilted <45 degrees  
(4) Tilted ≥45 degrees  
(5) Uprooted tree  
(6) Separated pole from base  
(7) Pole replaced  
(8) Other (specify):  
\_\_\_\_\_  
(9) Unknown

## ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 0 3

(00) No vehicle inspection

*Delta V Calculated*

- (01) Reconstruction program-damage only routine  
(02) Reconstruction program-damage and trajectory routine  
(03) Missing vehicle algorithm

*Delta V Not Calculated*

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

*All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.*

- (05) Rollover  
(06) Other non-horizontal forces  
(07) Sideswipe type damage  
(08) Severe override  
(09) Yielding object  
(10) Overlapping damage  
(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(98) Other, (specify): \_\_\_\_\_  
\_\_\_\_\_

## COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V Highest  
999

\_\_\_\_\_ Nearest kmph (highest)

\_\_\_\_\_ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)  
 (160) 159.5 kmph and above  
 (999) Unknown

60. Longitudinal Component of Delta V Highest  
 + 999  
 -

\_\_\_\_\_ Nearest kmph (highest)

\_\_\_\_\_ Nearest kmph (secondary)

(NOTE: \_000 means greater than  
 -0.5 kmph and less than +0.5 kmph)  
 (±160) ±159.5 kmph and above  
 (\_999) Unknown

61. Lateral Component of Delta V Highest  
 + 999  
 -

\_\_\_\_\_ Nearest kmph (highest)

\_\_\_\_\_ Nearest kmph (secondary)

(NOTE: \_000 means greater than -0.5 kmph and  
 less than +0.5 kmph)  
 (±160) ±159.5 kmph and above  
 (\_999) Unknown

62. Energy Absorption Highest  
999.900

\_\_\_\_\_ Nearest 100 joules (highest)

\_\_\_\_\_ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)  
 (9997) 999,650 joules or more  
 (9999) Unknown

63. Impact Speed Highest  
999

\_\_\_\_\_ Nearest kmph (highest)

\_\_\_\_\_ Nearest kmph (secondary)

(NOTE: 000 means  
 less than 0.5 kmph)  
 (160) 159.5 kmph and above  
 (998) Trajectory algorithm not run  
 (999) Unknown

## DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program  
 Results (For Highest Delta V) 0  
 (0) No reconstruction  
 (1) Collision fits model — results appear  
 reasonable  
 (2) Collision fits model — results appear high  
 (3) Collision fits model — results appear low  
 (4) Borderline reconstruction — results appear  
 reasonable

## OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed Highest  
037

37.2 Nearest kmph (highest)

\_\_\_\_\_ Nearest kmph (secondary)

(NOTE: 000 means  
 less than 0.5 kmph)  
 (160) 159.5 kmph and above  
 (999) Unknown

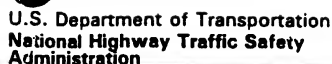
ESTIMATED DELTA V	INSPECTION TYPE
<p>66. Estimated Highest Delta V (Researcher Determined) <u>8</u></p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph</p> <p>(2) ≥ 10 kmph but &lt; 25 kmph</p> <p>(3) ≥ 25 kmph but &lt; 40 kmph</p> <p>(4) ≥ 40 kmph but &lt; 55 kmph</p> <p>(5) ≥ 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor</p> <p>(7) Moderate</p> <p>(8) Severe</p> <p>(9) Unknown</p>	<p>67. Type of Vehicle Inspection <u>3</u></p> <p>(0) No inspection</p> <p>(1) Vehicle fully repaired-no damage evident</p> <p>(2) Partial inspection (specify): _____</p> <p>(3) Complete inspection</p> <p><b>DELTA V EVENT NUMBER</b></p> <p>68. Delta V Event Number <u>01</u></p> <p>_____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle</p> <p>(99) Unknown</p>

\*\*\* IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), \*\*\*

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

\*\*\* IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE \*\*\*

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,  
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



BEST AVAILABLE  
NATIONAL ACCIDENT SAMPLING SYSTEM  
SHWORTHINESS DATA SYSTEM

## VEHICLE IDENTIFICATION

## LOCATOR

### CRUSH PROFILE IN CENTIMETERS

**Use as many lines/columns as necessary to describe each damage profile.**

HS Form 435A (Rev. 1/96)

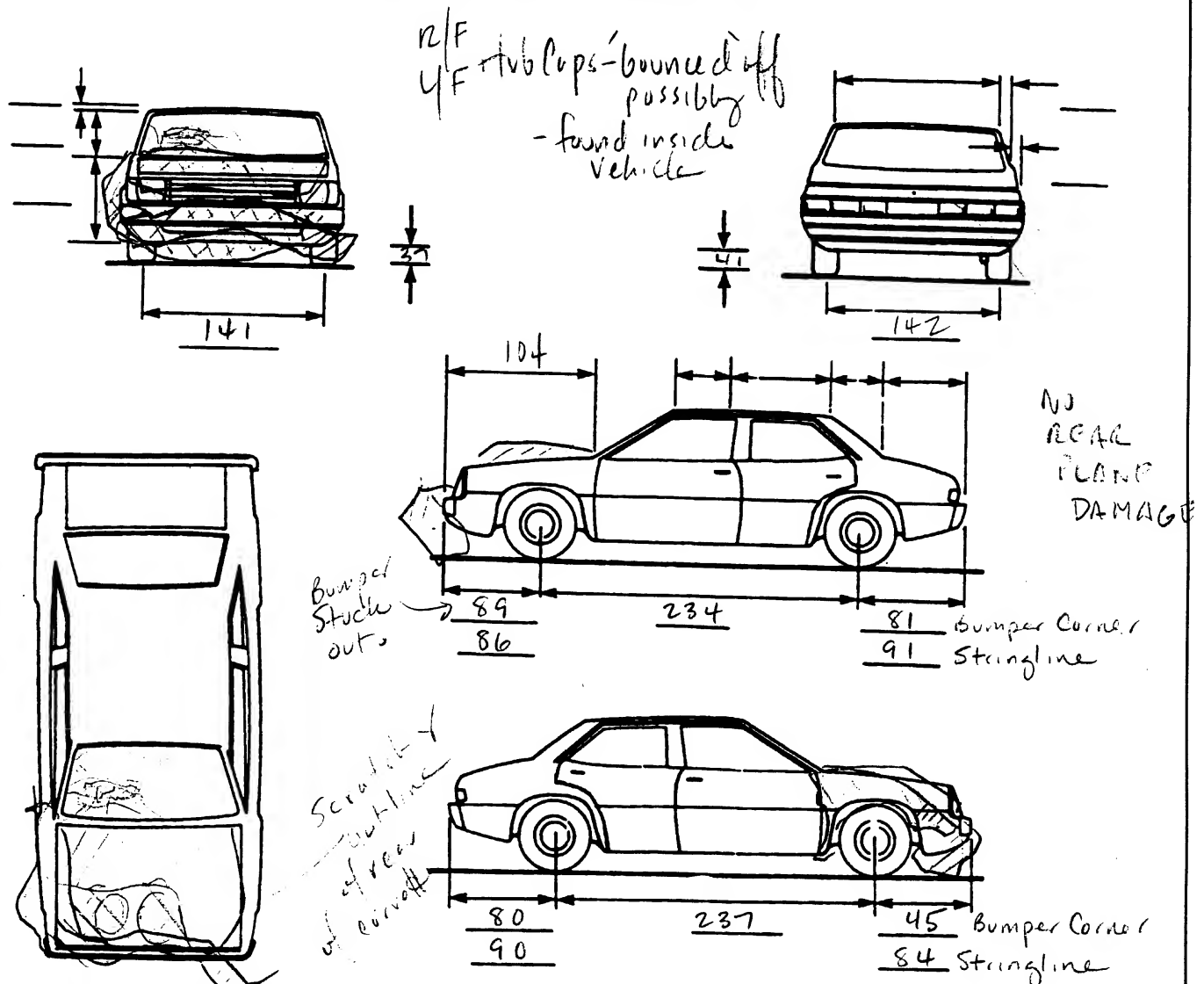
2501 414



## VEHICLE DAMAGE SKETCH

<b>TIRE—WHEEL DAMAGE</b> a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		b. Tire deflated RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u>		<b>ORIGINAL SPECIFICATIONS</b> Wheelbase <u>238</u> cm Overall Length <u>411</u> cm Maximum Width <u>166</u> cm Curb Weight <u>909</u> kg Average Track <u>141</u> cm Front Overhang _____ cm Rear Overhang _____ cm Undeformed End Width <u>138</u> cm Engine Size: cyl./displ. <u>1-4, 1.5</u> L		<b>WHEEL STEER ANGLES</b> (For locked front wheels or displaced rear axles only) RF $\pm$ _____ ° LF $\pm$ _____ ° RR $\pm$ _____ ° LR $\pm$ _____ ° Within $\pm$ 5 degrees	
<b>TYPE OF TRANSMISSION</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic END SHIFT $\geq$ 10 CM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>DRIVE WHEELS</b> <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD		Approximate Cargo Weight <u>    </u> kg	

## MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

### CODES FOR OBJECT CONTACTED

(specify):

[illegible]

## COLLISION DEFORMATION CLASSIFICATION

## HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>12</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>02</u> ✓

## Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

## CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

## HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C<sub>1</sub></u>	<u>C<sub>2</sub></u>	<u>C<sub>3</sub></u>	<u>C<sub>4</sub></u>	<u>C<sub>5</sub></u>	<u>C<sub>6</sub></u>	22. <u>±D</u>
<u>138</u>	<u>000</u>	<u>019</u>	<u>034</u>	<u>035</u>	<u>026</u>	<u>026</u>	<u>(+) 005</u>

## Second Highest Delta "V"

23. <u>L</u>	24. <u>C<sub>1</sub></u>	<u>C<sub>2</sub></u>	<u>C<sub>3</sub></u>	<u>C<sub>4</sub></u>	<u>C<sub>5</sub></u>	<u>C<sub>6</sub></u>	25. <u>±D</u>
_____	_____	_____	_____	_____	_____	_____	_____

## 26. Undeformed End Width

(Coded when highest severity impact is an end plane impact.)

\_\_\_\_\_ Code to the nearest centimeter

(250) 250 centimeters or more

(998) No highest severity end plane impact

(999) Unknown

138

## 27. Direct Damage Width

(For highest severity impact)

\_\_\_\_\_ Code to the nearest centimeter

(250) 250 centimeters or more

(999) Unknown

103

## 28. Original Wheelbase

\_\_\_\_\_ Code to the nearest centimeter

(650) 650 centimeters or more

(999) Unknown

93.7 inches X 2.54 = \_\_\_\_\_ centimeters

238

## 29. Original Average Track Width

\_\_\_\_\_ Code to the nearest centimeter

(185) 185 centimeters or more

(999) Unknown

55.7 inches X 2.54 = \_\_\_\_\_ centimeters

141

## FUEL SYSTEM

30. Are CDCs Documented but Not Coded on The Automated File? 0  
(0) No  
(1) Yes

31. Researcher's Assessment of Vehicle Disposition 1  
(0) Not towed due to vehicle damage  
(1) Towed due to vehicle damage  
(9) Unknown

32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? 0  
(0) No post manufacturer modifications  
(1) Yes - post manufacturer modifications (specify): \_\_\_\_\_  
\_\_\_\_\_  
(Include photograph of CERTIFICATION PLACARD in case report)  
(9) Unknown if vehicle is modified

## FIRE OCCURRENCE

33. Fire Occurrence 0  
(0) No fire  
  
Yes, fire occurred  
(1) Minor  
(2) Major  
(9) Unknown

34. Origin of Fire 0  
(0) No fire  
(1) Vehicle exterior (front, side, back, top)  
(2) Exhaust system  
(3) Fuel tank (and other fuel retention system parts)  
(4) Engine compartment  
(5) Cargo/trunk compartment  
(6) Instrument panel  
(7) Passenger compartment area  
(8) Other location (specify): \_\_\_\_\_  
(9) Unknown

35. Location of Fuel Tank-1 Filler Cap 2

36. Location of Fuel Tank-2 Filler Cap 6  
(0) No fuel tank  
(1) On back plane  
(2) Aft of center of the rear wheels (rear axle) on left side plane  
(3) Aft of center of the rear wheels (rear axle) on right side plane  
(4) Forward of center of the rear wheels (rear axle) on left side plane  
(5) Forward of center of the rear wheels (rear axle) on right side plane  
(6) Over the center of the rear wheels (rear axle) on left side plane  
(7) Over the center of the rear wheels (rear axle) on right side plane  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

37. Type of Fuel Tank-1 1

38. Type of Fuel Tank-2 0  
(0) No fuel tank (electrical vehicle)  
(1) Metallic  
(2) Non-metallic  
(9) Unknown

39. Location of Fuel Tank-1 4

40. Location of Fuel Tank-2 0  
(0) No fuel tank  
(1) Aft of center of the rear wheels (rear axle) centered  
(2) Aft of center of the rear wheels (rear axle) left side  
(3) Aft of center of the rear wheels (rear axle) right side  
(4) Forward of center of the rear wheels (rear axle) centered  
(5) Forward of center of the rear wheels (rear axle) left side  
(6) Forward of center of the rear wheels (rear axle) right side  
(7) Over center of the rear wheels (rear axle)  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

41. Damage to Fuel Tank-1 1

42. Damage to Fuel Tank-2 0  
(0) No fuel tank  
(1) No damage to fuel tank  
(2) Deformed, no seam failure  
(3) Deformed, with a seam failure  
(4) Punctured  
(5) Lacerated (ripped)  
(6) Abraded (scraped)  
(7) Filler neck separation from the fuel tank  
(8) Other damage (specify): \_\_\_\_\_  
(9) Unknown

43. Leakage Location of Fuel System-1

1

44. Leakage Location of Fuel System-2

0

(0) No fuel tank

(1) No fuel leakage

*Primary Area Of Leakage*

(2) Tank

(3) Filler neck

(4) Cap

(5) Lines/pump/filter

(6) Vent/emission recovery

(8) Other (specify): \_\_\_\_\_

(9) Unknown

45. Fuel Type-1

0 1

46. Fuel Type-2

0 0*Single Fuel Type*

(00) No fuel tank

(01) Gasoline

(02) Diesel

(03) CNG (Compressed Natural Gas)

(04) LPG (Liquid Petroleum Gas) also  
known as Propane

(05) LNG (Liquid Natural Gas)

(06) Methanol (M100 or M85)

(07) Ethanol (E100 or E85)

(08) Other (Hydrogen or others) (specify):  
\_\_\_\_\_*Electric Powered or Electric/Solar  
Powered Vehicles*

(10) Lead Acid Battery

(11) Nickel-Iron Battery

(12) Nickel-Cadmium Battery

(13) Sodium Metal Chloride Battery

(14) Sodium Sulfur Battery

(18) Other (Specify): \_\_\_\_\_

(98) Other Hybrid (specify):  
\_\_\_\_\_

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than  
Two Fuel Tanks?6

(0) No (one or two tanks only)

*Yes - More Than Two Tanks*(1) Yes -- no damage to any tank or filler  
cap and no fuel system leakage(2) Yes -- no damage to any tank or filler  
cap but there is fuel system leakage  
(specify leakage location):  
\_\_\_\_\_(3) Yes -- damage to an additional tank or  
filler cap and there is fuel system leakage  
(specify the following):  
Type of tank \_\_\_\_\_  
Tank location \_\_\_\_\_  
Filler cap location \_\_\_\_\_  
Tank damage \_\_\_\_\_  
Location of leakage \_\_\_\_\_  
Type of fuel \_\_\_\_\_

(9) Unknown if more than two tanks

**COMMENTS**

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\*\*\* STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED \*\*\*

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.





# INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 43  
2. Case Number - Stratum 1-1-1  
3. Vehicle Number 01

## INTEGRITY

4. Passenger Compartment Integrity 00  
(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):

(99) Unknown

## Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 0

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):

(9) Unknown

## Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

- (0) No door/gate/hatch or door not opened

## Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) Unknown

## GLAZING

### Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2  
20. BL 2 21. Roof 0 22. Other 2

- (0) No glazing
- (1) AS-1 — Laminated
- (2) AS-2 — Tempered
- (3) AS-3 — Tempered-tinted (original)
- (4) AS-2 — Tempered-with after market tint
- (5) AS-3 — Tempered-tinted (with additional after market tint)
- (6) AS-14 — Glass/Plastic
- (7) Glazing removed prior to accident
- (8) Other (specify):

(9) Unknown

### Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 2  
28. BL 1 29. Roof 0 30. Other 1

- (0) No glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (7) Glazing removed prior to accident
- (9) Unknown

### Glazing Damage from Impact Forces

31. WS 1 32. LF 1 33. RF 1 34. LR 1 35. RR 1  
36. BL 1 37. Roof 0 38. Other 1

- (0) No glazing
- (1) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (9) Unknown if damaged

### Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1  
44. BL 1 45. Roof 0 46. Other 1

- (0) No glazing
- (1) No occupant contact to glazing
- (2) Glazing contacted by occupant but no glazing damage
- (3) Glazing in place and cracked by occupant contact
- (4) Glazing in place and holed by occupant contact
- (5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (6) Glazing out-of-place by occupant contact and holed by occupant contact
- (7) Glazing removed prior to accident
- (8) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

## OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

## INTRUDING COMPONENT

*Interior Components*

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): \_\_\_\_\_

*Exterior Components*

- (30) Hood
- (31) Outside surface of this vehicle (specify): \_\_\_\_\_
- (32) Other exterior object in the environment (specify): \_\_\_\_\_
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): \_\_\_\_\_
- (99) Unknown

## LOCATION OF INTRUSION

## Front Seat

- (11) Left
- (12) Middle
- (13) Right

## Second Seat

- (21) Left
- (22) Middle
- (23) Right

## Third Seat

- (31) Left
- (32) Middle
- (33) Right

## Fourth Seat

- (41) Left
- (42) Middle
- (43) Right

- (97) Catastrophic
- (98) Other enclosed area (specify) \_\_\_\_\_

(99) Unknown

## MAGNITUDE OF INTRUSION

- (1)  $\geq 3$  centimeters but  $< 8$  centimeters
- (2)  $\geq 8$  centimeters but  $< 15$  centimeters
- (3)  $\geq 15$  centimeters but  $< 30$  centimeters
- (4)  $\geq 30$  centimeters but  $< 46$  centimeters
- (5)  $\geq 46$  centimeters but  $< 61$  centimeters
- (6)  $\geq 61$  centimeters
- (7) Catastrophic
- (9) Unknown

## DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

## STEERING COLUMN

## INSTRUMENT PANEL

87. Steering Column Type 1

- (1) Fixed column  
 (2) Tilt column  
 (3) Telescoping column  
 (4) Tilt and telescoping column  
 (8) Other column type (specify):  
 (9) Unknown

88. Tilt Steering Column Adjustment 0

- (0) No tilt steering column  
 (1) Full up  
 (2) Between full up and center  
 (3) Center  
 (4) Between center and full down  
 (5) Full down  
 (9) Unknown

89. Telescoping Steering Column Adjustment 0

- (0) No telescoping steering column  
 (1) Full back  
 (2) Between full back and midpoint  
 (3) Midpoint  
 (4) Between midpoint and full forward  
 (5) Full forward  
 (9) Unknown

90. Steering Rim/Spoke Deformation 0 0

- Code actual measured  
 deformation to the nearest centimeter  
 (00) No steering rim deformation  
 (01-14) Actual measured value in centimeters  
 (15) 15 centimeters or more  
 (98) Observed deformation cannot be measured  
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation 0 0

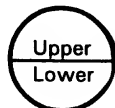
- (00) No steering rim deformation

*Quarter Sections*

- (01) Section A  
 (02) Section B  
 (03) Section C  
 (04) Section D

*Half Sections*

- (05) Upper half of rim/spoke  
 (06) Lower half of rim/spoke  
 (07) Left half of rim/spoke  
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse  
 (10) Undetermined location  
 (99) Unknown

92. Odometer Reading 0 84,000

- \_\_\_\_\_ kilometers  
 Code to the nearest 1,000 kilometers  
 (000) No odometer  
 (001) Less than 1,500 kilometers  
 (500) 499,500 kilometers or more  
 (999) Unknown  
52,146 miles X 1.6093 = 0 83,983 kilometers

Source: \_\_\_\_\_

93. Instrument Panel Damage from Occupant Contact? 1

- (0) No  
 (1) Yes  
 (9) Unknown

94. Type of Knee Bolster Covering 2

- (0) No knee bolster  
 (1) Padded  
 (2) Rigid plastic  
 (8) Other (specify):  
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact? 1

- (0) No knee bolster  
 (1) No deformation  
 (2) Yes - deformation  
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)? 2

- (0) No glove compartment door  
 (1) No - door did not open  
 (2) Yes - door opened  
 (9) Unknown

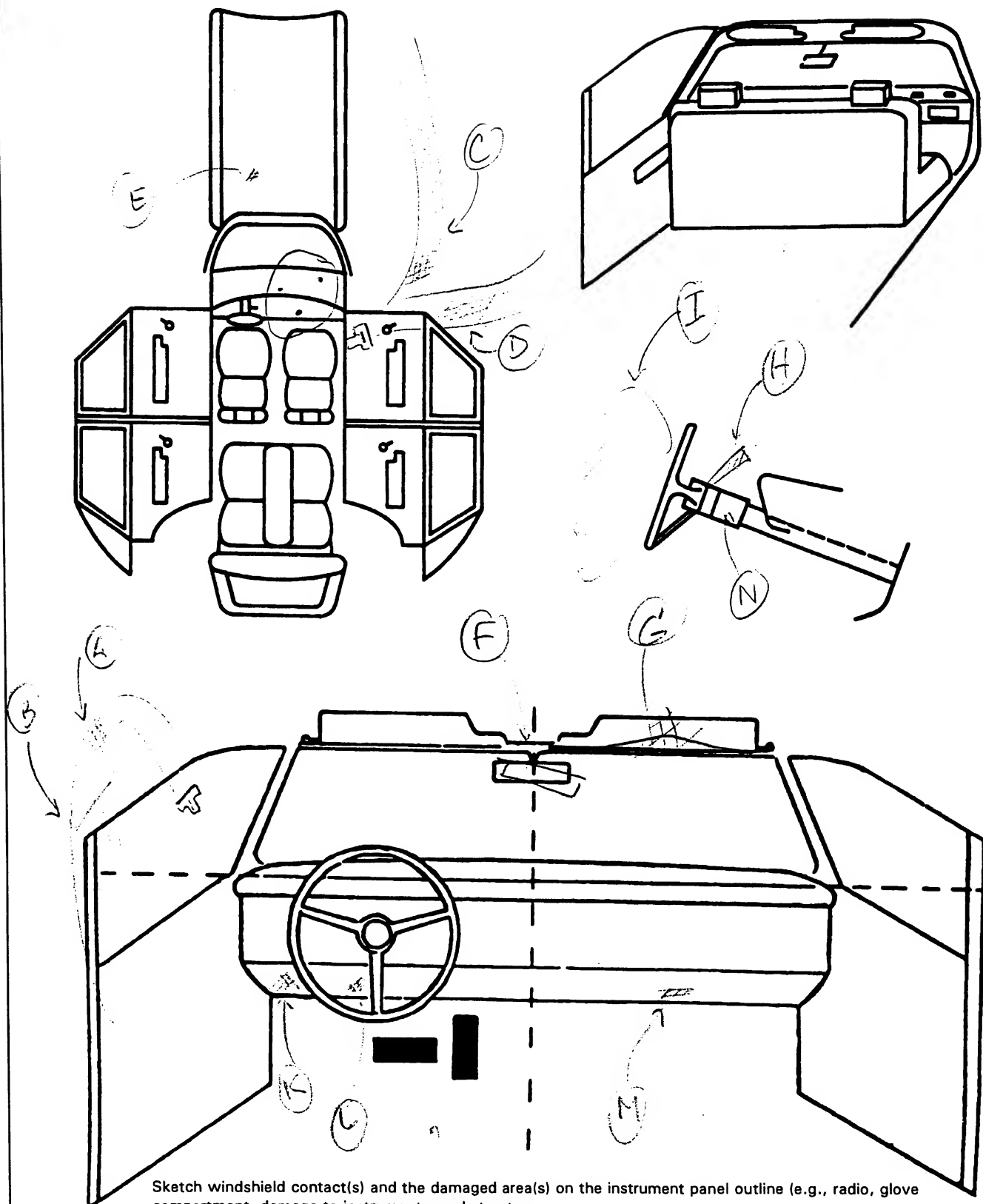
97. Adaptive (Assistive) Driving Equipment 0

- (0) No adaptive driving equipment  
 (1) Adaptive driving equipment installed (Check all that apply.)  
☐ Hand controls for braking/acceleration  
☐ Steering control devices (attached to OEM steering wheel)  
☐ Steering knob attached to steering wheel  
☐ Low effort power steering (unit or device)  
☐ Replacement steering wheel (i.e., reduced diameter)  
☐ Joy-stick steering controls  
☐ Wheelchair tie-downs  
☐ Modification to seat belts (specify):  
☐ Additional or relocated switches (specify):  
☐ Raised roof  
☐ Wall-mounted head rest (used behind wheelchair)  
☐ Other adaptive device (specify):

(9) Unknown

## VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

## POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	152	1	Torso	Abrasions, Stretched	1
B	152	1	Torso	Stretched, Shiny	1
C	152	2	Torso	Abrasion Stretched	1
D	152	2	Torso	Stretched, Shiny	1
E	205	1	Head	Skin Burn	3
F	002	1	Head	Head out of Place	3
G	103	2	Head	Dented in, Bent	1
H	007	2	Hand	Snapped OFF Broken Away	1
I	170	1	Face	Hair, Oil, Skin Burn Liquid Stain	1
J	180	1	Unknown	Black Coloring, Ink Tape Spots	3
K	010	1	Lower leg	Material / Skin Burn	2
L	010	1	Lower leg	Material / Skin Burn	2
M	012	2	Lower leg	Material / Skin Burn	2
N	007	1	Knee	Material / Skin Burn	3

## FRONT

- (001) Windshield  
 (002) Mirror  
 (003) Sunvisor  
 (004) Steering wheel rim  
 (005) Steering wheel hub/spoke  
 (006) Steering wheel (combination of codes 004 and 005)  
 (007) Steering column, transmission selector lever, other attachment  
 (008) Cellular telephone or CB radio  
 (009) Add on equipment (e.g., tape deck, air conditioner)  
 (010) Left instrument panel and below  
 (011) Center instrument panel and below  
 (012) Right instrument panel and below  
 (013) Glove compartment door  
 (014) Knee bolster  
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)  
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)  
 (017) Windshield reinforced by exterior object, (specify):  
 (019) Other front object (specify):

## CODES FOR INTERIOR COMPONENTS

## LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests  
 (052) Left side hardware or armrest  
 (053) Left A (A1/A2)-pillar  
 (054) Left B-pillar  
 (055) Other left pillar (specify):  
 (056) Left side window glass  
 (057) Left side window frame  
 (058) Left side window sill  
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (060) Other left side object (specify):

## RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests  
 (102) Right side hardware or armrest  
 (103) Right A (A1/A2)-pillar  
 (104) Right B-pillar  
 (105) Other right pillar (specify):  
 (106) Right side window glass  
 (107) Right side window frame  
 (108) Right side window sill  
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (110) Other right side object (specify):

## INTERIOR

- (151) Seat, back support  
 (152) Belt restraint webbing/buckle  
 (153) Belt restraint B-pillar or door frame attachment point  
 (154) Other restraint system component (specify):  
 (155) Head restraint system  
 (160) Other occupants (specify):  
 (161) Interior loose objects  
 (162) Child safety seat (specify):  
 (163) Other interior object (specify):

## AIR BAG

- (170) Air bag-driver side  
 (175) Air bag compartment cover-driver side  
 (180) Air bag-passenger side  
 (185) Air bag compartment cover-passenger side  
 (190) Other air bag (specify)  
 (195) Other air bag compartment cover (specify)

## ROOF

- (201) Front header  
 (202) Rear header  
 (203) Roof left side rail  
 (204) Roof right side rail  
 (205) Roof or convertible top

## FLOOR

- (251) Floor (including toe pan)  
 (252) Floor or console mounted transmission lever, including console  
 (253) Parking brake handle  
 (254) Foot controls including parking brake

## REAR

- (301) Backlight (rear window)  
 (302) Backlight storage rack, door, etc.  
 (303) Other rear object (specify):

## ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration  
 (402) Steering control devices (attached to OEM steering wheel)  
 (403) Steering knob attached to steering wheel  
 (405) Replacement steering wheel (i.e., reduced diameter)  
 (406) Joy stick steering controls  
 (407) Wheelchair tie-downs  
 (408) Modification to seat belts, (specify):  
 (409) Additional or relocated switches, (specify):  
 (410) Raised roof  
 (411) Wall mounted head rest (used behind wheel chair)  
 (412) Other adaptive device (specify):

## CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain  
 (2) Probable  
 (3) Possible  
 (9) Unknown



**AUTOMATIC RESTRAINTS**

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

**AIR BAGS**

		Frontal Air Bags--Left Front	Frontal Air Bags--Right Front	Other Air Bag
F I R S T	Availability/Function			0
	Deployment			0
	Failure			0

**Air Bag System Availability/Function**

(0) Not equipped/not available

(1) Air bag

*Non-functional*

(2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

**Air Bag System Deployment****(This Occupant Position)**

(0) Not equipped/not available

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, accident sequence undetermined

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

**Are There Indications of Air Bag****System Failure? (This Occupant Position)**

(0) Not equipped/not available

(1) No

(2) Yes (specify):

(9) Unknown

**AUTOMATIC BELTS**

		Left	Right
F I R S T	A-Availability/Function	0	0
	B-Use	0	0
	C-Type	0	0
	D-Proper Use	0	0
	E-Failure Modes	0	0

**A-Automatic (Passive) Belt System Availability/Function**

(0) Not equipped/not available

(1) 2 point automatic belts

(2) 3 point automatic belts

(3) Automatic belts - type unknown

*Non-functional*

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

**B-Automatic (Passive) Belt System Use**

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Automatic belt in use

(2) Automatic belt not in use (manually disconnected, motorized track inoperative)

(3) Automatic belt use unknown

(9) Unknown

**C-Automatic (Passive) Belt System Type**

(0) Not equipped/not available

(1) Non-motorized system

(2) Motorized system

(9) Unknown

**D-Proper Use of Automatic (Passive) Belt System**

(0) Not equipped/not available/not used

(1) Automatic belt used properly

(2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or

automatic shoulder belt used

improperly

with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

**E-Automatic (Passive) Belt Failure Modes During Accident**

(0) Not equipped/not available/not in use

(1) No automatic belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify):

(6) Broken retractor

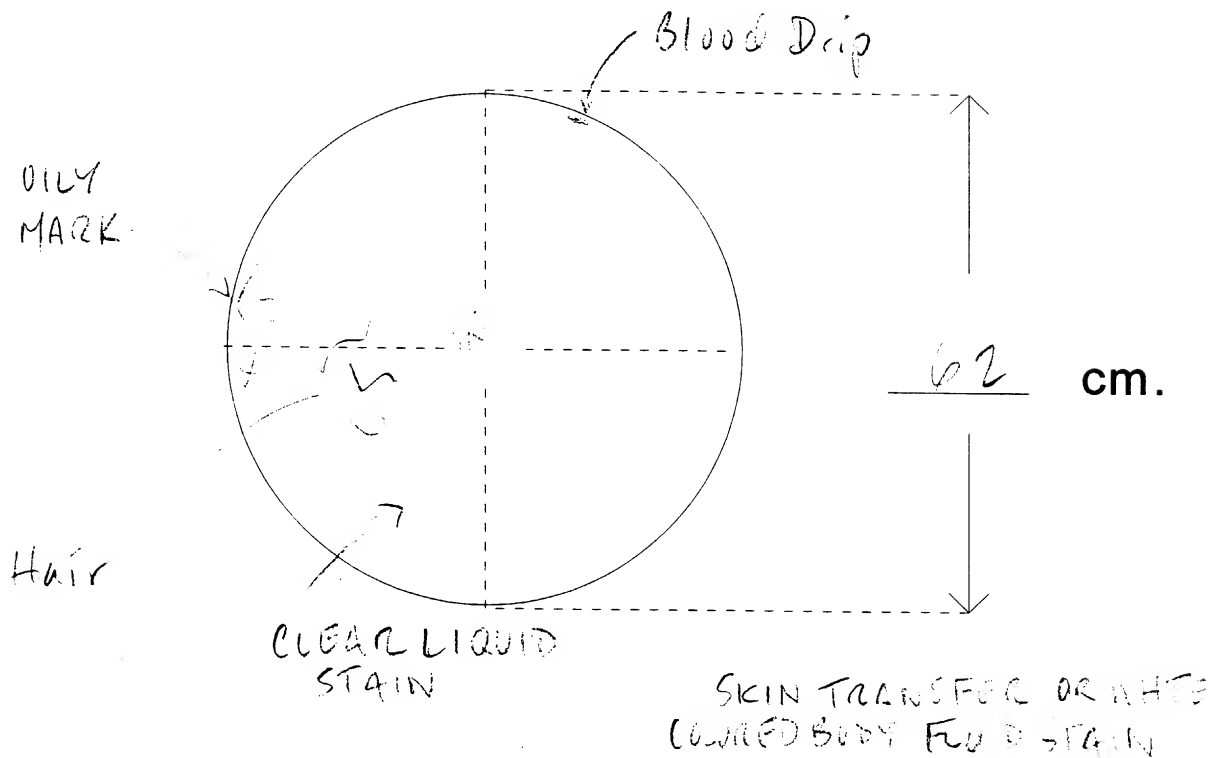
(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

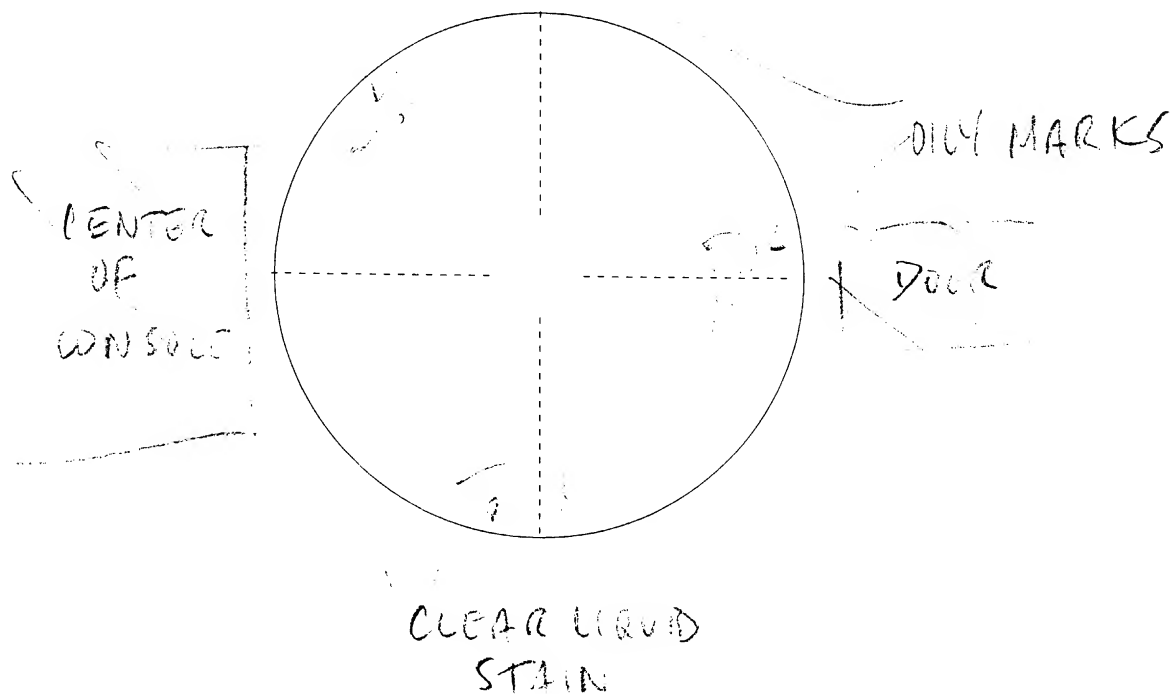
(9) Unknown

## DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

## 1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)

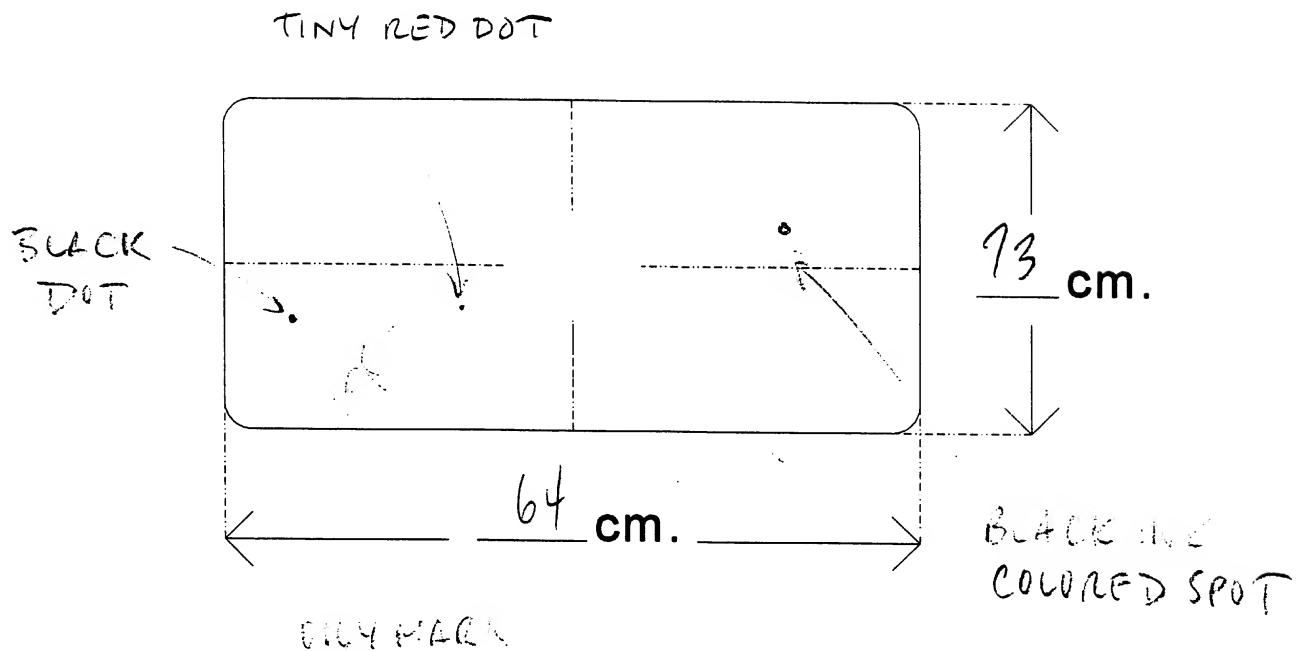


## 2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)

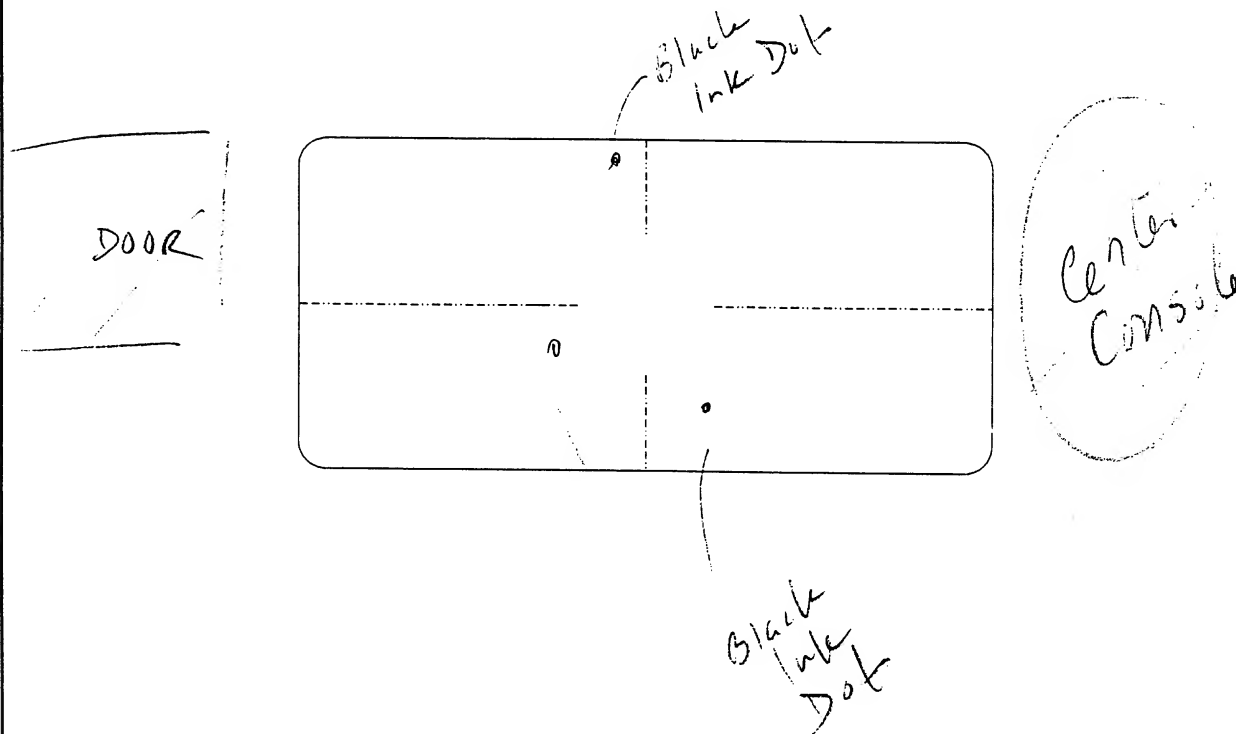


PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



**"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES**

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

N/A,

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

**HEAD RESTRAINTS/SEAT EVALUATION**

**NOTES:** Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found on the next page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

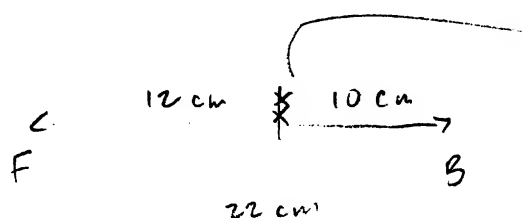
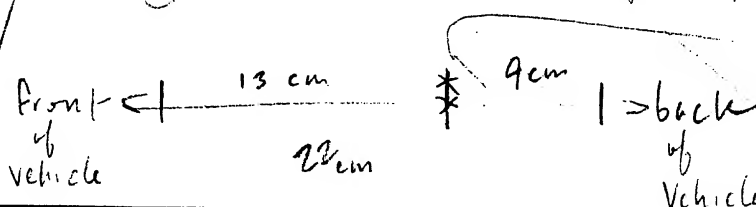
		Left	Center	Right
<b>FIRST</b>	A-Head Restraint Type/Damage	1	/	1
	B-Seat Type	01		01
	C-Seat Orientation	1		1
	D-Seat Track Position	(*) 5		(*) 5
	E-Seat Back Incline Pre/Post Impact	23		23
	F-Seat Performance	1		1
<b>SECOND</b>	A-Head Restraint Type/Damage	0	0	0
	B-Seat Type	3	3	3
	C-Seat Orientation	1	1	1
	D-Seat Track Position	1	1	1
	E-Seat Back Incline Pre/Post Impact	1	1	1
	F-Seat Performance	1	1	1
<b>THIRD</b>	A-Head Restraint Type/Damage	/	/	/
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
<b>OTHER</b>	A-Head Restraint Type/Damage	/	/	/
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE**

(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

(\*) - 22 cm range...

\* = front of seat, track.

(\*) - 22 cm range of seat track.  
(\*) - represents front of seat, track



## HEAD RESTRAINTS/SEAT EVALUATION

**A-Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other
- Specify): \_\_\_\_\_
- (9) Unknown

**B-Seat Type (this Occupant Position)**

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): \_\_\_\_\_
- (99) Unknown

**C-Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**D-Seat Track Adjusted Position Prior To Impact**

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

**Adjustable Seat Track**

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

**E-Seat Back Incline Prior and Post Impact**

- (00) Occupant not seated or no seat
- (01) Not adjustable

**Upright prior to impact**

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

**Slightly reclined prior to impact**

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

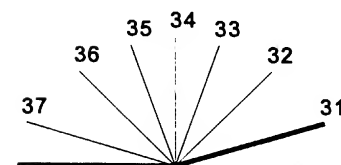
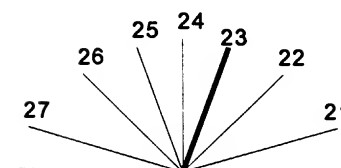
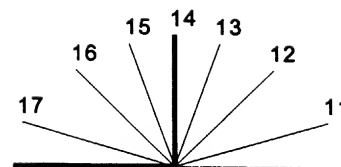
**Completely reclined prior to impact**

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position

- (99) Unknown

**F-Seat Performance (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

DESCRIBE ANY INDICATION OF  
ABNORMAL OCCUPANT POSTURE  
(I.E., UNUSUAL OCCUPANT  
CONTACT PATTERN)

**EJECTION/ENTRAPMENT DATA**

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

**EJECTION** No [ ☒ ] Yes [ ☐ ]

Describe indications of ejection and body parts involved in partial ejection(s):

---



---



---



---

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

**Ejection**

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

**Ejection Area**

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

**(7) Roof**

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

**(5) Integral structure**

- (8) Other medium (specify):

(9) Unknown

**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

**ENTRAPMENT** No [ ☒ ] Yes [ ☐ ]

Describe entrapment mechanism:

---



---



---



---

Component(s):

---



---

(Note on vehicle interior sketch)

**ATTACHMENT E:**  
**NASS Occupant Forms**

# OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 43  
2. Case Number - Stratum 1  
3. Vehicle Number 01  
4. Occupant Number 01

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age  $\times$  73  
Code actual age at time of accident.  
(00) Less than one year old (specify by month):  
(97) 97 years and older  
(99) Unknown

6. Occupant's Sex 1  
(1) Male  
(2) Female-not reported pregnant  
(3) Female-pregnant-1st trimester(1st-3rd month)  
(4) Female-pregnant-2nd trimester(4th-6th month)  
(5) Female-pregnant-3rd trimester(7th-9th month)  
(6) Female-pregnant-term unknown  
(9) Unknown

7. Occupant's Height  $\times$  165  
Code actual height to the nearest  
centimeter.  
(999) Unknown  
65 inches  $\times 2.54 =$  \_\_\_\_\_ centimeters

8. Occupant's Weight  $\times$  071  
Code actual weight to the nearest  
kilogram.  
(999) Unknown  
157 pounds  $\times .4536 =$  \_\_\_\_\_ kilograms

9. Occupant's Role 1  
(1) Driver x per Driver's Son  
(2) Passenger  
(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position 11  
*Front Seat*  
(11) Left side  
(12) Middle  
(13) Right side  
(14) Other (specify): \_\_\_\_\_  
(15) On or in the lap of another occupant

- Second Seat*  
(21) Left side  
(22) Middle  
(23) Right side  
(24) Other (specify): \_\_\_\_\_  
(25) On or in the lap of another occupant

- Third Seat*  
(31) Left side  
(32) Middle  
(33) Right side  
(34) Other (specify): \_\_\_\_\_  
(35) On or in the lap of another occupant

- Fourth Seat*  
(41) Left side  
(42) Middle  
(43) Right side  
(44) Other (specify): \_\_\_\_\_  
(45) On or in the lap of another occupant

- (97) In or on unenclosed area  
(98) Other seat (specify): \_\_\_\_\_  
(99) Unknown

11. Occupant's Posture 0  
(0) Normal posture

- Abnormal posture*  
(1) Kneeling or standing on seat  
(2) Lying on or across seat  
(3) Kneeling, standing or sitting in front of seat  
(4) Sitting sideways or turned to talk with  
another occupant or to look out a rear  
window  
(5) Sitting on a console  
(6) Lying back in a reclined seat position  
(7) Bracing with feet or hands on a surface in  
front of seat  
(8) Other abnormal posture (specify): \_\_\_\_\_  
(9) Unknown

## EJECTION/ENTRAPMENT

<p>12. Ejection <u>0</u></p> <p>(0) No ejection</p> <p>(1) Complete ejection</p> <p>(2) Partial ejection</p> <p>(3) Ejection, unknown degree</p> <p>(9) Unknown</p>	<p>15. Medium Status (Immediately Prior To Impact) <u>0</u></p> <p>(0) No ejection</p> <p>(1) Open</p> <p>(2) Closed</p> <p>(3) Integral structure</p> <p>(9) Unknown</p>
<p>13. Ejection Area <u>0</u></p> <p>(0) No ejection</p> <p>(1) Windshield</p> <p>(2) Left front</p> <p>(3) Right front</p> <p>(4) Left rear</p> <p>(5) Right rear</p> <p>(6) Rear</p> <p>(7) Roof</p> <p>(8) Other area (e.g., back of pickup, etc.) (specify): _____</p> <p>(9) Unknown</p>	<p>16. Entrapment <u>0</u></p> <p>(0) Not entrapped/exit not inhibited</p> <p>(1) Entrapped/pinned - mechanically restrained</p> <p>(2) Could not exit vehicle due to jammed doors, fire, etc. (specify): _____</p> <p>(9) Unknown</p>
<p>14. Ejection Medium <u>0</u></p> <p>(0) No ejection</p> <p>(1) Door/hatch/tailgate</p> <p>(2) Nonfixed roof structure</p> <p>(3) Fixed glazing</p> <p>(4) Nonfixed glazing (specify): _____</p> <p>(5) Integral structure</p> <p>(8) Other medium (specify): _____</p> <p>(9) Unknown</p>	<p>17. Occupant Mobility <u>4</u></p> <p>(0) Occupant fatal before removed from vehicle</p> <p>(1) Removed from vehicle while unconscious or not oriented to time or place</p> <p>(2) Removed from vehicle due to perceived serious injuries</p> <p>(3) Exited vehicle with some assistance</p> <p>(4) Exited vehicle under own power</p> <p>(5) Occupant fully ejected</p> <p>(8) Removed from vehicle for other reasons (specify): _____</p> <p>(9) Unknown</p>



## BELT SYSTEM FUNCTION

<p>18. Manual (Active) Belt System Availability <u>4</u></p> <p>(0) None available</p> <p>(1) Belt removed/destroyed</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed)</p> <p>(7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____</p> <p>(9) Unknown _____</p>	<p>22. Manual Shoulder Belt Upper Anchorage Adjustment <u>2</u></p> <p>(0) No manual shoulder belt</p> <p>(1) No upper anchorage adjustment for manual shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <p>(2) In full up position</p> <p>(3) In mid position</p> <p>(4) In full down position</p> <p>(5) Position unknown</p> <p>(9) Unknown if position has adjustable upper anchorage adjustment</p>
<p>19. Manual (Active) Belt System Use <u>0 4</u></p> <p>(00) None used, not available, or belt removed/destroyed</p> <p>(01) Inoperative (specify): _____</p> <p>(02) Shoulder belt _____</p> <p>(03) Lap belt _____</p> <p>(04) Lap and shoulder belt _____</p> <p>(05) Belt used—type unknown _____</p> <p>(08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat</p> <p>(13) Lap belt used with child safety seat</p> <p>(14) Lap and shoulder belt used with child safety seat</p> <p>(15) Belt used with child safety seat—type unknown</p> <p>(18) Other belt used with child safety seat (specify): _____</p> <p>(99) Unknown if belt used _____</p>	<p>23. Automatic (Passive) Belt System Availability/Function <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) 2 point automatic belts</p> <p>(2) 3 point automatic belts</p> <p>(3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative</p> <p>(9) Unknown</p>
<p>20. Proper Use of Manual (Active) Belts <u>1</u></p> <p>(0) None used or not available</p> <p>(1) Belt used properly</p> <p>(2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm</p> <p>(4) Shoulder belt worn behind back or seat</p> <p>(5) Belt worn around more than one person</p> <p>(6) Lap belt worn on abdomen</p> <p>(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown _____</p>	<p>24. Automatic (Passive) Belt System Use <u>0</u></p> <p>(0) Not equipped/not available/destroyed or rendered inoperative</p> <p>(1) Automatic belt in use</p> <p>(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____</p> <p>(3) Automatic belt use unknown</p> <p>(9) Unknown</p>
<p>21. Manual (Active) Belt Failure Modes During Accident <u>1</u></p> <p>(0) No manual belt used or not available</p> <p>(1) No manual belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor _____</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown _____</p>	<p>25. Automatic (Passive) Belt System Type <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) Non-motorized system</p> <p>(2) Motorized system</p> <p>(9) Unknown</p>
	<p>26. Proper Use of Automatic (Passive) Belt System <u>0</u></p> <p>(0) Not equipped/not available/not used</p> <p>(1) Automatic belt used properly</p> <p>(2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i></p> <p>(3) Automatic shoulder belt worn under arm</p> <p>(4) Automatic shoulder belt worn behind back</p> <p>(5) Automatic belt worn around more than one person</p> <p>(6) Lap portion of automatic belt worn on abdomen</p> <p>(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of automatic belt system (specify): _____</p> <p>(9) Unknown _____</p>
	<p>27. Automatic (Passive) Belt Failure Modes During Accident <u>0</u></p> <p>(0) Not equipped/not available/not in use</p> <p>(1) No automatic belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor _____</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other automatic belt failure (specify): _____</p> <p>(9) Unknown _____</p>

## POLICE REPORTED RESTRAINT USE

28. Police Reported Belt Use 4

- (0) None used  
 (1) Police did not indicate belt use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Automatic belt  
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available  
 (1) Police did not indicate air bag availability/function  
 (2) Deployed  
 (3) Not deployed  
 (4) Unknown if deployed  
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection  
☐ Official injury data  
☐ Driver/occupant interview  
☐ Other (specify):

☐ Unknown if belt used

## AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System 1

Availability/Function  
 (This Occupant Position)

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

31. Frontal Air Bag System Deployment 1  
 (This Occupant Position)

- (0) Not equipped/not available  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

32. Other Than First Seat Frontal Air Bag 0  
 Availability/Function  
 (This Occupant Position)

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

*Specify type of "other" air bag present:*

33. Air Bag(s) Deployment, Other Than First 0  
 Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

34. Are There Indications of Air Bag System 1  
 Failure?  
 (This Occupant Position)

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):

(9) Unknown

## FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)?

(0) Not equipped/not available

(1) No previous accidents

Yes

(2) Previous accident(s) without deployment(s)

(3) One previous accident with deployment

(4) More than one previous accident with at least one deployment

(8) Previous accidents, unknown deployment status

(9) Unknown

For this owner

36. Type of Air Bag

(0) Not equipped/not available

(1) Original manufacturer installed system

(2) Retrofitted air bag

(3) Replacement air bag

(8) Unknown type of air bag

(9) Unknown

For this owner

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System?

(0) Not equipped/not available

(1) No prior maintenance

(2) Yes, prior maintenance (specify):

(9) Unknown

For this owner

38. Air Bag Deployment Accident Event Sequence Number

(00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment

(96) Deployed, unknown event

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

39. CDC For Air Bag Deployment Impact

(0) Not equipped/not available

(1) Highest delta V

(2) Second highest delta V

(3) Other non-coded delta V (specify):

(6) Deployed, unknown event

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

40. Longitudinal Component of

Delta V For Air Bag

Deployment Impact

(\_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(\_996) Deployment, unknown longitudinal Delta V

(\_997) Not deployed

(\_998) Unknown if deployed

(\_999) Unknown

+  
- 9 9 6

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

(0) Not equipped/not available

(1) No

(2) Yes

(3) Deployed, unknown if flap(s) opened at designated tear points

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

Entire  
Module  
Loose

42. Were Air Bag Module Cover Flap(s) Damaged?

(0) Not equipped/not available

(1) No

(2) Yes (specify):

(3) Deployed, unknown if air bag module cover flap(s) damaged

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

43. Was There Damage To The Air Bag?

(00) Not equipped/not available

(01) Not damaged

Yes - Air Bag Damage

(02) Ruptured

(03) Cut

(04) Torn

(05) Holed

(06) Burned

(07) Abraded

(88) Other damage (specify):

(95) Damaged, details unknown

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION *continued*

44. Source of Air Bag Damage 0 1  
 (00) Not equipped/not available  
 (01) Not damaged  
 (02) Object worn by occupant, (specify):  
 (03) Object carried by occupant, (specify):  
 (04) Adaptive/assistive controls, (specify):  
 (05) Fire in vehicle  
 (06) Thermal burns  
 (07) Rescue or emergency efforts  
 (88) Other damage source (specify):  
 (95) Damaged, unknown source  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown
45. Was The Air Bag Tethered? 2  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of tether straps):  
TWO  
 (3) Deployed, unknown if tethered  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of vent ports):  
TWO  
 (3) Deployed, unknown if vent ports present  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 3  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):  
 (3) Deployed, unknown if other occupant contact to air bag  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 2  
 (0) Not air bag equipped/air bag not available  
 (1) No  
 (2) Eyeglasses/sunglasses  
 (3) Contact lenses  
 (4) Deployed, unknown if eyewear worn  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

## HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant at This Occupant Position 1  
 (0) No head restraints  
 (1) Integral—no damage  
 (2) Integral—damaged during accident  
 (3) Adjustable—no damage  
 (4) Adjustable—damaged during accident  
 (5) Add-on—no damage  
 (6) Add-on—damaged during accident  
 (8) Other (specify):  
 (9) Unknown
50. Seat Type (this Occupant Position) 0 1  
 (00) Occupant not seated or no seat  
 (01) Bucket  
 (02) Bucket with folding back  
 (03) Bench  
 (04) Bench with separate back cushions  
 (05) Bench with folding back(s)  
 (06) Split bench with separate back cushions  
 (07) Split bench with folding back(s)  
 (08) Pedestal (i.e., column supported)  
 (09) Box mounted seat (i.e., van type)  
 (10) Other seat type (specify):  
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1  
 (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):  
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 5  
 (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track
- Adjustable Seat Track*  
 (2) Seat at forward most track position  
 (3) Seat between forward most and middle track positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track positions  
 (6) Seat at rear most track position  
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 2 3

(00) Occupant not seated or no seat

(01) Not adjustable

***Upright prior to impact***

(11) Moved to completely rearward position

(12) Moved to rearward midrange position

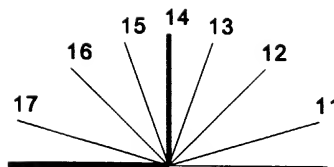
(13) Moved to slightly rearward position

(14) Retained pre-impact position

(15) Moved to slightly forward position

(16) Moved to forward midrange position

(17) Moved to completely forward position

***Slightly reclined prior to impact***

(21) Moved to completely rearward position

(22) Moved to rearward midrange position

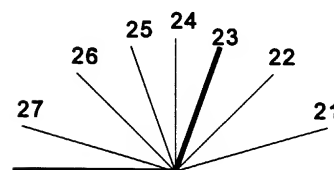
(23) Retained pre-impact position

(24) Moved to upright position

(25) Moved to slightly forward position

(26) Moved to forward midrange position

(27) Moved to completely forward position

***Completely reclined prior to impact***

(31) Retained pre-impact position

(32) Moved to rearward midrange position

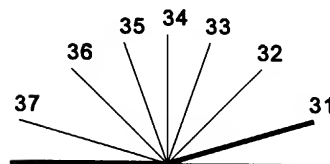
(33) Moved to slightly rearward position

(34) Moved to upright position

(35) Moved to slightly forward position

(36) Moved to forward midrange position

(37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

(0) Occupant not seated or no seat

(1) No seat performance failure(s)

(2) Seat adjusters failed

(3) Seat back folding locks or "seat back" failed  
(specify): \_\_\_\_\_

(4) Seat track/anchors failed

(5) Deformed by impact of occupant

(6) Deformed by passenger compartment  
intrusion, (specify): \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other (specify): \_\_\_\_\_

(9) Unknown



## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 0 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):  
\_\_\_\_\_

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):  
\_\_\_\_\_

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):  
\_\_\_\_\_

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):  
\_\_\_\_\_

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):  
\_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 059. Child Safety Seat Shield Usage 0 060. Child Safety Seat Tether Usage 0 0Note: Options below applicable to  
Variables OA58-OA60.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

## INJURY CONSEQUENCES

61. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay 00

(00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

(61) 61 days or more

(99) Unknown

65. Working Days Lost 97

Code the number of days (up through 60) that the occupant lost from work due to the accident

(00) No working days lost

(61) 61 days or more

(62) Fatally injured

(97) Not working prior to accident

(99) Unknown

## EMERGENCY RESPONSE INFORMATION

EMS Notification 2

- (1) Not notified
- (2) Notified
- (9) Unknown

ROAD VEHICLE

AIR VEHICLE

## EMS Notification Time (first unit)

(9999) Unknown

ROAD VEHICLE

AIR VEHICLE

## EMS Arrival Time (first unit)

(9998) EMS cancelled or did not arrive

ROAD VEHICLE

(9999) Unknown

AIR VEHICLE

## EMS Departure Time To

Treatment Facility (transporting unit)

(9997) EMS arrived, provided treatment, but did not transport

ROAD VEHICLE

AIR VEHICLE

(9998) EMS arrived, but was not used

(9999) Unknown

## EMS Arrival Time At Treatment Facility

(9999) Unknown

ROAD VEHICLE

AIR VEHICLE

## EMS Type

- (01) Fire department
- (02) Rescue squad
- (03) Police department
- (04) Trauma unit
- (05) Disaster unit
- (06) Ambulance service unit
- (07) Hospital
- (08) Mortuaries/funeral homes
- (98) Other, specify:
- (99) Unknown

FIRST UNIT

TRANSPORTING UNIT

ROAD VEHICLE

AIR VEHICLE

## EMS Care

- (01) No care administered
- (02) First aid
- (03) Resuscitation
- (04) CPR
- (05) Emergency cardiac care
- (06) Life support system monitoring (blood pressure, pulse rate, respiration, EKG)
- (07) Emergency burn care
- (08) Combination of above, specify:
- (98) Other, specify:
- (99) Unknown

ON-SCENE

DURING TRANSPORT

ROAD VEHICLE

AIR VEHICLE

STOP WORK HERE VARIABLES 66-74 TO BE CODED BY THE ZONE CENTER

**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)  
 (00) Not fatal  
 (96) Fatal - ruled disease  
 (99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death  
 (00) Not fatal or no additional causes  
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 01

Code the actual number of injuries recorded for this occupant.  
 (00) No recorded injuries  
 (97) Injured, details unknown  
 (99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 97  
(at Medical Facility)

- (00) Not injured
- (01) Injured - not treated at medical facility
- (02) No GCS Score at medical facility
- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
- (2) Yes - blood given  
(specify units):
- (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 97

- (00) Not injured
- (01) Injured, ABGs not measured or reported
- (02-50) Code the actual value of the HCO<sub>3</sub>
- (96) ABGs reported, HCO<sub>3</sub> unknown
- (97) Injured, details unknown
- (99) Unknown if injured

**BELT USE DETERMINATION**74. Primary Source of Belt Use Determination 1

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Vehicle inspection
- (2) Official injury data
- (3) Driver/occupant interview
- (8) Other (specify):
- (9) Unknown if belt used



# OCCUPANT INJURY FORM

1. Primary Sampling Unit Number	3. Vehicle Number
2. Case Number - Stratum	4. Occupant Number

## INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. 7	6. 9	7. 9	8. 04	9. 11	10. 1	11. 0	12. 152	13. 1	14. 1	15. 00
2nd	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.
3rd	27.	28.	29.	30.	31.	32.	33.	34.	35.	36.	37.
4th	38.	39.	40.	41.	42.	43.	44.	45.	46.	47.	48.
5th	49.	50.	51.	52.	53.	54.	55.	56.	57.	58.	59.
6th	60.	61.	62.	63.	64.	65.	66.	67.	68.	69.	70.
7th	71.	72.	73.	74.	75.	76.	77.	78.	79.	80.	81.
8th	82.	83.	84.	85.	86.	87.	88.	89.	90.	91.	92.
9th	93.	94.	95.	96.	97.	98.	99.	100.	101.	102.	103.
10th	104.	105.	106.	107.	108.	109.	110.	111.	112.	113.	114.

## OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		The exceptions to this rule apply to:	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion	(1) Minor Injury	
(2) Vessels	(04) Skin - Contusion	(2) Moderate Injury	
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(4) Severe Injury	
(5) Skeletal (includes joints)	(10) Amputation	(5) Critical Injury	
(6) Head - LOC	(20) Burn	(6) Maximum (untreatable)	
(9) Skin	(30) Crush	(7) Injured, unknown severity	
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

## SOURCE OF INJURY DATA

## INJURY SOURCE

## DIRECT/INDIRECT INJURY

## CONFIDENCE LEVEL

OFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

## INJURY SOURCES

## FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (019) Other front object (specify): \_\_\_\_\_

## LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): \_\_\_\_\_
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): \_\_\_\_\_

## RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): \_\_\_\_\_
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): \_\_\_\_\_

## INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): \_\_\_\_\_
- (155) Head restraint system
- (160) Other occupants (specify): \_\_\_\_\_
- (161) Interior loose objects
- (162) Child safety seat (specify): \_\_\_\_\_
- (163) Other interior object (specify): \_\_\_\_\_

## AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): \_\_\_\_\_

- (195) Other air bag compartment cover (specify): \_\_\_\_\_

## ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

## FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

## REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): \_\_\_\_\_

## ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): \_\_\_\_\_
- (409) Additional or relocated switches, (specify): \_\_\_\_\_

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): \_\_\_\_\_

## EXTERIOR OF OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): \_\_\_\_\_
- (454) Unknown exterior objects

## EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): \_\_\_\_\_
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): \_\_\_\_\_
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): \_\_\_\_\_
- (514) Unknown exterior of other motor vehicle

## OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): \_\_\_\_\_
- (599) Unknown vehicle or object

## NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): \_\_\_\_\_
- (604) Air bag exhaust gases
- (697) Injured, unknown source



# OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

☐ No

☐ Yes

Blood Alcohol Level  
(mg/dl)

BAL =

Glasgow Coma  
Scale Score

GCSS =

Units of Blood  
Given

Units =

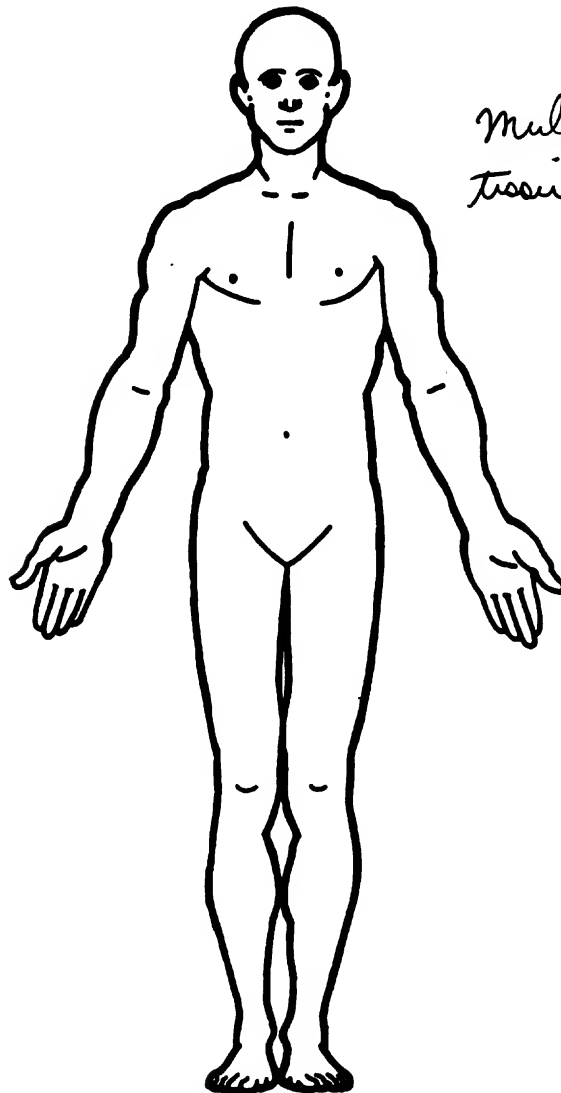
Arterial Blood Gases

pH =

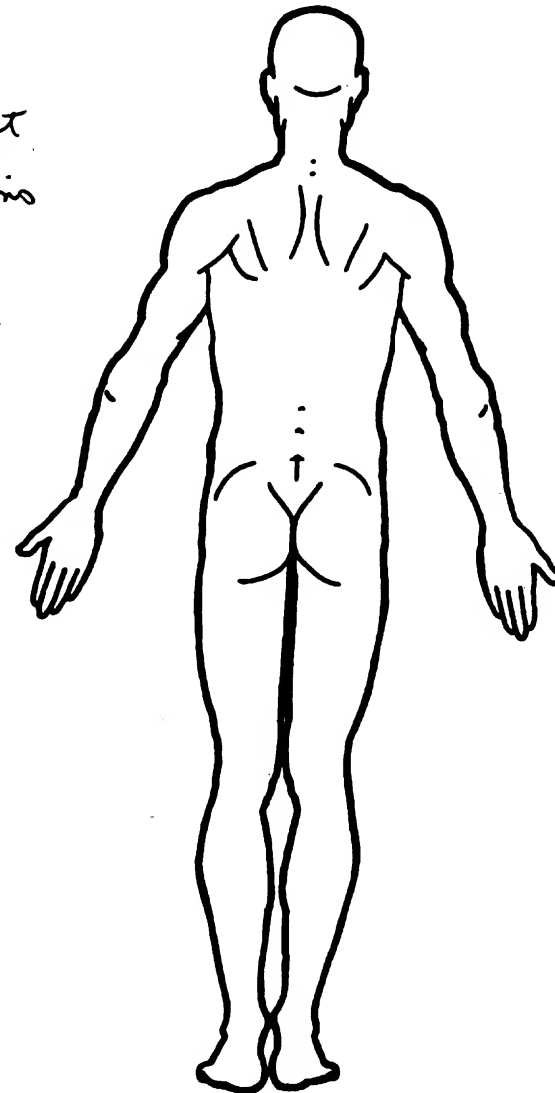
PO<sub>2</sub> =

PCO<sub>2</sub>

HCO<sub>3</sub>



*Multiple soft  
tissue contusions*





# OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 43
2. Case Number - Stratum 1
3. Vehicle Number 01
4. Occupant Number 02

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age  $\times$  75  
Code actual age at time of accident.  
(00) Less than one year old (specify by month):  
  
(97) 97 years and older  
(99) Unknown

6. Occupant's Sex 2  
(1) Male  
(2) Female-not reported pregnant  
(3) Female-pregnant-1st trimester(1st-3rd month)  
(4) Female-pregnant-2nd trimester(4th-6th month)  
(5) Female-pregnant-3rd trimester(7th-9th month)  
(6) Female-pregnant-term unknown  
(9) Unknown

7. Occupant's Height  $\times$  147  
Code actual height to the nearest  
centimeter.  
(999) Unknown  
  
58 inches  $\times 2.54 =$  \_\_\_\_\_ centimeters

8. Occupant's Weight  $\times$  045  
Code actual weight to the nearest  
kilogram.  
(999) Unknown  
  
100 pounds  $\times .4536 =$  \_\_\_\_\_ kilograms

9. Occupant's Role 2  
(1) Driver *xper Drivers*  
(2) Passenger *Son.*  
(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position 13  
*Front Seat*  
(11) Left side  
(12) Middle  
(13) Right side  
(14) Other (specify):  
(15) On or in the lap of another occupant

- Second Seat*  
(21) Left side  
(22) Middle  
(23) Right side  
(24) Other (specify):  
(25) On or in the lap of another occupant

- Third Seat*  
(31) Left side  
(32) Middle  
(33) Right side  
(34) Other (specify):  
(35) On or in the lap of another occupant

- Fourth Seat*  
(41) Left side  
(42) Middle  
(43) Right side  
(44) Other (specify):  
(45) On or in the lap of another occupant

- (97) In or on unenclosed area  
(98) Other seat (specify):  
(99) Unknown

11. Occupant's Posture 0  
(0) Normal posture

- Abnormal posture*  
(1) Kneeling or standing on seat  
(2) Lying on or across seat  
(3) Kneeling, standing or sitting in front of seat  
(4) Sitting sideways or turned to talk with  
another occupant or to look out a rear  
window  
(5) Sitting on a console  
(6) Lying back in a reclined seat position  
(7) Bracing with feet or hands on a surface in  
front of seat  
(8) Other abnormal posture (specify):  
(9) Unknown

## EJECTION/ENTRAPMENT

## 12. Ejection

0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

## 13. Ejection Area

0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

## 14. Ejection Medium

0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

## 16. Entrapment

0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_
- (9) Unknown

## 17. Occupant Mobility

2

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons  
(specify): \_\_\_\_\_
- (9) Unknown

## BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): \_\_\_\_\_

(9) Unknown

19. Manual (Active) Belt System Use 0 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): \_\_\_\_\_

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): \_\_\_\_\_
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 4

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

*Adjustable shoulder Belt Upper Anchorage*

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): \_\_\_\_\_
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of automatic belt system (specify): \_\_\_\_\_

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor

(7) Combination of above (specify): \_\_\_\_\_

(8) Other automatic belt failure (specify): \_\_\_\_\_

(9) Unknown

## POLICE REPORTED RESTRAINT USE

## AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 4

- (0) None used  
 (1) Police did not indicate belt use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Automatic belt  
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available  
 (1) Police did not indicate air bag availability/function  
 (2) Deployed  
 (3) Not deployed  
 (4) Unknown if deployed  
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection  
☐ Official injury data  
☐ Driver/occupant interview  
☐ Other (specify):

☐ Unknown if belt used

Vehicle purchased for this driver as used vehicle, w/9,000 miles and 'certificate' stating no previous accidents.

- person of driver, who helped make the purchase.

30. Frontal Air Bag System Availability/Function (This Occupant Position) 1

- (0) Not equipped/not available  
 (1) Air bag  
*Non-functional*  
 (2) Air bag disconnected (specify):  
 (3) Air bag not reinstalled  
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 1

- (0) Not equipped/not available  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available  
 (1) Air bag  
*Non-functional*  
 (2) Air bag disconnected (specify):

(3) Air bag not reinstalled  
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

34. Are There Indications of Air Bag System Failure? 1  
 THIS IS A PREOWNED VEHICLE

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):  
 (9) Unknown

## FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)?

(0) Not equipped/not available

(1) No previous accidents

Yes

(2) Previous accident(s) without deployment(s)

(3) One previous accident with deployment

(4) More than one previous accident with at least one deployment

(8) Previous accidents, unknown deployment status

(9) Unknown

1

36. Type of Air Bag

(0) Not equipped/not available

(1) Original manufacturer installed system

(2) Retrofitted air bag

(3) Replacement air bag

(8) Unknown type of air bag

(9) Unknown

1

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System?

(0) Not equipped/not available

(1) No prior maintenance

(2) Yes, prior maintenance (specify):

(9) Unknown

1

38. Air Bag Deployment Accident Event Sequence Number

(00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment

(96) Deployed, unknown event

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

0 1

39. CDC For Air Bag Deployment Impact

(0) Not equipped/not available

(1) Highest delta V

(2) Second highest delta V

(3) Other non-coded delta V (specify):

(6) Deployed, unknown event

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

1

40. Longitudinal Component of

Delta V For Air Bag

Deployment Impact

(\_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(\_996) Deployment, unknown longitudinal Delta V

(\_997) Not deployed

(\_998) Unknown if deployed

(\_999) Unknown

+ 9 9 6

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

(0) Not equipped/not available

(1) No

(2) Yes

(3) Deployed, unknown if flap(s) opened at designated tear points

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

2

42. Were Air Bag Module Cover Flap(s) Damaged?

(0) Not equipped/not available

(1) No

(2) Yes (specify):

(3) Deployed, unknown if air bag module cover flap(s) damaged

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

1

(Entire Flap Loose)

43. Was There Damage To The Air Bag?

(00) Not equipped/not available

(01) Not damaged

0 1

Yes - Air Bag Damage

(02) Ruptured

(03) Cut

(04) Torn

(05) Holed

(06) Burned

(07) Abraded

(88) Other damage (specify):

(95) Damaged, details unknown

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown



FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION *continued*

## HEAD RESTRAINT AND SEAT EVALUATION

44. Source of Air Bag Damage 0 1  
 (00) Not equipped/not available  
 (01) Not damaged  
 (02) Object worn by occupant, (specify):  
 (03) Object carried by occupant, (specify):  
 (04) Adaptive/assistive controls, (specify):  
 (05) Fire in vehicle  
 (06) Thermal burns  
 (07) Rescue or emergency efforts  
 (88) Other damage source (specify):  
 (95) Damaged, unknown source  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown
45. Was The Air Bag Tethered? 1  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of tether straps):  
 (3) Deployed, unknown if tethered  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of vent ports):  
TWO  
 (3) Deployed, unknown if vent ports present  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 3  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):  
 (3) Deployed, unknown if other occupant contact to air bag  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 2  
 (0) Not air bag equipped/air bag not available  
 (1) No  
 (2) Eyeglasses/sunglasses  
 (3) Contact lenses  
 (4) Deployed, unknown if eyewear worn  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 1  
 (0) No head restraints  
 (1) Integral—no damage  
 (2) Integral—damaged during accident  
 (3) Adjustable—no damage  
 (4) Adjustable—damaged during accident  
 (5) Add-on—no damage  
 (6) Add-on—damaged during accident  
 (8) Other (specify):  
 (9) Unknown
50. Seat Type (this Occupant Position) 0 1  
 (00) Occupant not seated or no seat  
 (01) Bucket  
 (02) Bucket with folding back  
 (03) Bench  
 (04) Bench with separate back cushions  
 (05) Bench with folding back(s)  
 (06) Split bench with separate back cushions  
 (07) Split bench with folding back(s)  
 (08) Pedestal (i.e., column supported)  
 (09) Box mounted seat (i.e., van type)  
 (10) Other seat type (specify):  
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1  
 (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):  
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 5  
 (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track
- Adjustable Seat Track*  
 (2) Seat at forward most track position  
 (3) Seat between forward most and middle track positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track positions  
 (6) Seat at rear most track position  
 (9) Unknown

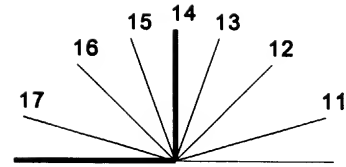
LOST A LENSE OUT OF HER GLASSES DURING IMPACT.

HEAD RESTRAINT AND SEAT EVALUATION *continued*

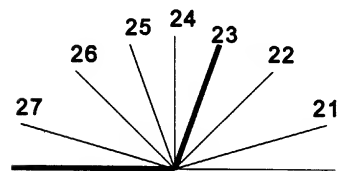
53. Seat Back Incline Prior and Post Impact 2 3  
 (00) Occupant not seated or no seat  
 (01) Not adjustable

***Upright prior to impact***

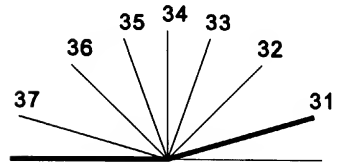
- (11) Moved to completely rearward position  
 (12) Moved to rearward midrange position  
 (13) Moved to slightly rearward position  
 (14) Retained pre-impact position  
 (15) Moved to slightly forward position  
 (16) Moved to forward midrange position  
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position  
 (22) Moved to rearward midrange position  
 (23) Retained pre-impact position  
 (24) Moved to upright position  
 (25) Moved to slightly forward position  
 (26) Moved to forward midrange position  
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position  
 (32) Moved to rearward midrange position  
 (33) Moved to slightly rearward position  
 (34) Moved to upright position  
 (35) Moved to slightly forward position  
 (36) Moved to forward midrange position  
 (37) Moved to completely forward position  
 (99) Unknown



54. Seat Performance (this Occupant Position) 1  
 (0) Occupant not seated or no seat  
 (1) No seat performance failure(s)  
 (2) Seat adjusters failed  
 (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_  
 (4) Seat track/anchors failed  
 (5) Deformed by impact of occupant  
 (6) Deformed by passenger compartment intrusion, (specify): \_\_\_\_\_  
 (7) Combination of above (specify): \_\_\_\_\_  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 6 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 059. Child Safety Seat Shield Usage 0 060. Child Safety Seat Tether Usage 0 0Note: Options below applicable to  
Variables OA58-OA60.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

## National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

Page 9

## INJURY CONSEQUENCES

## 61. Injury Severity (Police Rating)

- (0) O - No injury  
 (1) C - Possible injury  
 (2) B - Nonincapacitating injury  
 (3) A - Incapacitating injury  
 (4) K - Killed  
 (5) U - Injury, severity unknown  
 (6) Died prior to accident  
 (9) Unknown

→ 4  
 ULTIMATELY  
 (B) First

## 62. Treatment - Mortality

- (0) No treatment  
 (1) Fatal  
 (2) Fatal - ruled disease (specify):

1

## Nonfatal

- (3) Hospitalization  
 (4) Transported and released  
 (5) Treatment at scene - nontransported  
 (6) Treatment later  
 (7) Treatment - other (specify):  
 (8) Transported to a medical facility-unknown if treated  
 (9) Unknown

## 63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility  
 (1) Trauma center  
 (2) Hospital  
 (3) Medical clinic  
 (4) Physician's office  
 (5) Treatment later at medical facility  
 (8) Other (specify):

(9) Unknown

## 64. Hospital Stay

(00) Not Hospitalized

0 0

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more  
 (99) Unknown

## 65. Working Days Lost

Code the number of days (up through 60) that the occupant lost from work due to the accident

6 2

- (00) No working days lost  
 (61) 61 days or more  
 (62) Fatally injured  
 (97) Not working prior to accident  
 (99) Unknown

## EMERGENCY RESPONSE INFORMATION

## EMS Notification

- (1) Not notified  
 (2) Notified  
 (9) Unknown

ROAD VEHICLE

AIR VEHICLE

EMS Notification Time (first unit)  
(9999) Unknown9 9 9 9  
ROAD VEHICLE

AIR VEHICLE

EMS Arrival Time (first unit)  
(9998) EMS cancelled or did not arrive  
(9999) Unknown9 9 9 9  
ROAD VEHICLE

AIR VEHICLE

EMS Departure Time To  
Treatment Facility (transporting unit)

- (9997) EMS arrived, provided treatment, but did not transport  
 (9998) EMS arrived, but was not used  
 (9999) Unknown

9 9 9 9  
ROAD VEHICLE

AIR VEHICLE

EMS Arrival Time At  
Treatment Facility  
(9999) Unknown9 9 9 9  
ROAD VEHICLE

AIR VEHICLE

## EMS Type

- (01) Fire department  
 (02) Rescue squad  
 (03) Police department  
 (04) Trauma unit  
 (05) Disaster unit  
 (06) Ambulance service unit  
 (07) Hospital  
 (08) Mortuaries/funeral homes  
 (98) Other, specify:  
 (99) Unknown

FIRST UNIT

TRANSPORTING UNIT

ROAD VEHICLE

ROAD VEHICLE

ROAD VEHICLE

ROAD VEHICLE

ROAD VEHICLE

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ROAD VEHICLE

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## EMS Care

- (01) No care administered  
 (02) First aid  
 (03) Resuscitation  
 (04) CPR  
 (05) Emergency cardiac care  
 (06) Life support system monitoring (blood pressure, pulse rate, respiration, EKG)  
 (07) Emergency burn care  
 (08) Combination of above, specify:  
 (98) Other, specify:  
 (99) Unknown

ON-SCENE

DURING TRANSPORT

ROAD VEHICLE

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STOP WORK HERE VARIABLES 66-74 TO BE CODED BY THE ZONE CENTER

**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES**

66. Time to Death 37  
 Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)  
 (00) Not fatal  
 (96) Fatal - ruled disease  
 (99) Unknown
67. 1st Medically Reported Cause of Death 01
68. 2nd Medically Reported Cause of Death 00
69. 3rd Medically Reported Cause of Death 00  
 Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death  
 (00) Not fatal or no additional causes  
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):  
 (97) Other result (includes fatal ruled disease) (specify):  
 (99) Unknown
70. Number of Recorded Injuries for This Occupant 08  
 Code the actual number of injuries recorded for this occupant.  
 (00) No recorded injuries  
 (97) Injured, details unknown  
 (99) Unknown if injured

**TRAUMA DATA**

71. Glasgow Coma Scale (GCS) Score 02  
 (at Medical Facility)  
 (00) Not injured  
 (01) Injured - not treated at medical facility  
 (02) No GCS Score at medical facility  
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
 (97) Injured, details unknown  
 (99) Unknown if injured
72. Was the Occupant Given Blood? 2  
 (1) No - blood not given  
 (2) Yes - blood given  
 (specify units): 37  
 (9) Unknown if blood given
73. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 01  
 (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the HCO<sub>3</sub>  
 (96) ABGs reported, HCO<sub>3</sub> unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

**BELT USE DETERMINATION**

74. Primary Source of Belt Use Determination 1  
 (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Vehicle inspection  
 (2) Official injury data  
 (3) Driver/occupant interview  
 (8) Other (specify):  
 (9) Unknown if belt used



BEST AVAILABLE

U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

# OCCUPANT INJURY FORM

Form Approved  
O.M.B. No. 2127-0021  
NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

3. Vehicle Number

2. Case Number - Stratum

4. Occupant Number

## INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. <u>2</u>	6. <u>4</u>	7. <u>2</u>	8. <u>02</u>	9. <u>06</u>	10. <u>4</u>	11. <u>4</u>	12. <u>152</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>
2nd	16. <u>2</u>	17. <u>7</u>	18. <u>5</u>	19. <u>22</u>	20. <u>00</u>	21. <u>2</u>	22. <u>1</u>	23. <u>152</u>	24. <u>1</u>	25. <u>1</u>	26. <u>00</u>
3rd	27. <u>2</u>	28. <u>7</u>	29. <u>5</u>	30. <u>28</u>	31. <u>02</u>	32. <u>2</u>	33. <u>2</u>	34. <u>003</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>
4th	38. <u>2</u>	39. <u>4</u>	40. <u>9</u>	41. <u>04</u>	42. <u>02</u>	43. <u>1</u>	44. <u>0</u>	45. <u>152</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>
5th	49. <u>2</u>	50. <u>5</u>	51. <u>9</u>	52. <u>04</u>	53. <u>02</u>	54. <u>1</u>	55. <u>0</u>	56. <u>152</u>	57. <u>1</u>	58. <u>1</u>	59. <u>00</u>
6th	60. <u>2</u>	61. <u>7</u>	62. <u>9</u>	63. <u>02</u>	64. <u>02</u>	65. <u>1</u>	66. <u>1</u>	67. <u>152</u>	68. <u>1</u>	69. <u>1</u>	70. <u>00</u>
7th	71. <u>2</u>	72. <u>4</u>	73. <u>5</u>	74. <u>02</u>	75. <u>1 2</u>	76. <u>1</u>	77. <u>2</u>	78. <u>152</u>	79. <u>1</u>	80. <u>1</u>	81. <u>00</u>
8th	82. <u>2</u>	83. <u>7</u>	84. <u>9</u>	85. <u>04</u>	86. <u>02</u>	87. <u>1</u>	88. <u>1</u>	89. <u>003</u>	90. <u>1</u>	91. <u>1</u>	92. <u>00</u>
9th	93. <u>  </u>	94. <u>  </u>	95. <u>  </u>	96. <u>  </u>	97. <u>  </u>	98. <u>  </u>	99. <u>  </u>	100. <u>  </u>	101. <u>  </u>	102. <u>  </u>	103. <u>  </u>
10th	104. <u>  </u>	105. <u>  </u>	106. <u>  </u>	107. <u>  </u>	108. <u>  </u>	109. <u>  </u>	110. <u>  </u>	111. <u>  </u>	112. <u>  </u>	113. <u>  </u>	114. <u>  </u>



## OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive	(1) Right
(2) Face		two-digit numbers beginning with 02.	(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned		(4) Central
(5) Abdomen	consecutive two digit		(5) Anterior
(6) Spine	numbers beginning with	To the extent possible,	(6) Posterior
(7) Upper Extremity	02.	within the organizational	(7) Superior
(8) Lower Extremity		framework of the AIS, 00	(8) Inferior
(9) Unspecified	The exceptions to this rule	is assigned to an injury	(9) Unknown
	apply to:	NFS as to severity or	(0) Whole region
		where only one injury is	
		given in the dictionary for	
		that anatomic structure.	
		99 is assigned to any	
		injury NFS as to lesion or	
		severity.	
<b>Type of Anatomic Structure</b>	<u>Whole Area</u>	<b>Abbreviated Injury Scale</b>	
(1) Whole Area	(02) Skin - Abrasion	(1) Minor Injury	
(2) Vessels	(04) Skin - Contusion	(2) Moderate Injury	
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(4) Severe Injury	
(5) Skeletal (includes joints)	(10) Amputation	(5) Critical Injury	
(6) Head - LOC	(20) Burn	(6) Maximum (untreatable)	
(9) Skin	(30) Crush	(7) Injured, unknown severity	
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u>		
(1) Autopsy records with or without hospital/medical records	(1) Certain	(1) Direct contact injury
(2) Hospital/medical records other than emergency room (e.g., discharge summary)	(2) Probable	(2) Indirect contact injury
(3) Emergency room records only (including associated X-rays or other lab reports)	(3) Possible	(3) Noncontact injury
(4) Private physician, walk-in or emergency clinic	(9) Unknown	(7) Injured, unknown source
<u>UNOFFICIAL RECORDS</u>		
(5) Lay coroner report		
(6) E.M.S. personnel		
(7) Interviewee		
(8) Other source (specify): _____		
(9) Police		

## INJURY SOURCES

## FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (019) Other front object (specify): \_\_\_\_\_

## LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): \_\_\_\_\_
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): \_\_\_\_\_

## RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): \_\_\_\_\_
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): \_\_\_\_\_

## INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): \_\_\_\_\_
- (155) Head restraint system
- (160) Other occupants (specify): \_\_\_\_\_
- (161) Interior loose objects
- (162) Child safety seat (specify): \_\_\_\_\_
- (163) Other interior object (specify): \_\_\_\_\_

## AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) \_\_\_\_\_
- (195) Other air bag compartment cover (specify) \_\_\_\_\_

## ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

## FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

## REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): \_\_\_\_\_

## ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): \_\_\_\_\_
- (409) Additional or relocated switches, (specify): \_\_\_\_\_
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): \_\_\_\_\_

## EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): \_\_\_\_\_
- (454) Unknown exterior objects

## EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): \_\_\_\_\_
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): \_\_\_\_\_
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): \_\_\_\_\_
- (514) Unknown exterior of other motor vehicle

## OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): \_\_\_\_\_
- (599) Unknown vehicle or object

## NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): \_\_\_\_\_
- (604) Air bag exhaust gases
- (697) Injured, unknown source

# OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

\_\_\_ No

\_\_\_ Yes

Blood Alcohol Level  
(mg/dl)

BAL = \_\_\_

Glasgow Coma  
Scale Score

GCSS = \_\_\_

Units of Blood  
Given

Units = \_\_\_

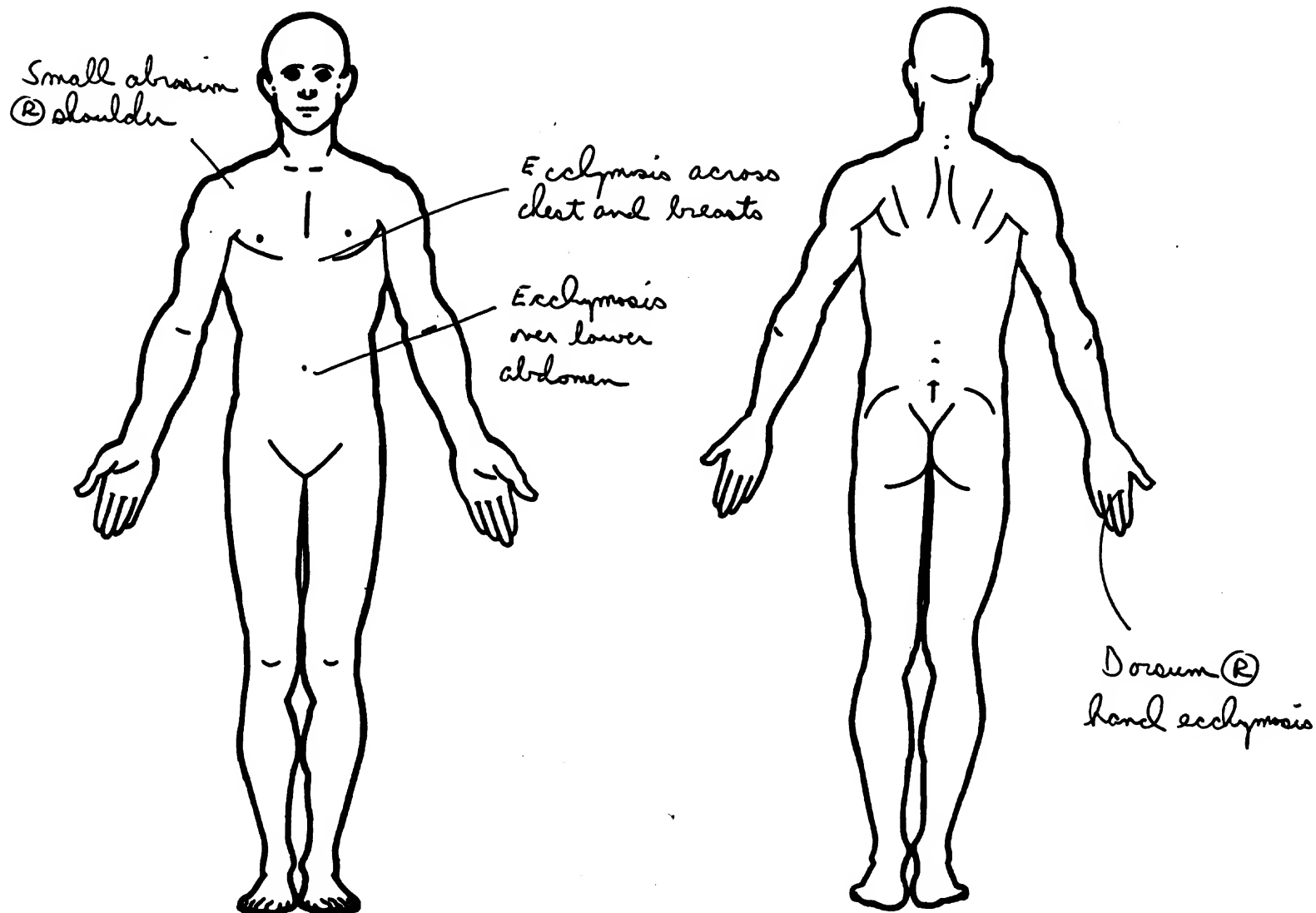
Arterial Blood Gases

pH = \_\_\_

PO<sub>2</sub> = \_\_\_

PCO<sub>2</sub> \_\_\_

HCO<sub>3</sub> \_\_\_



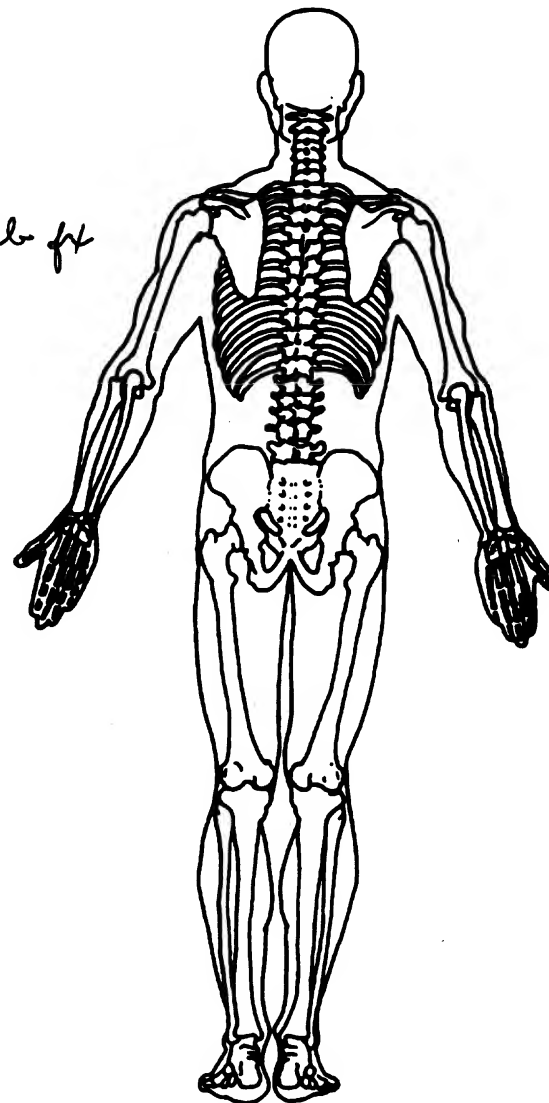
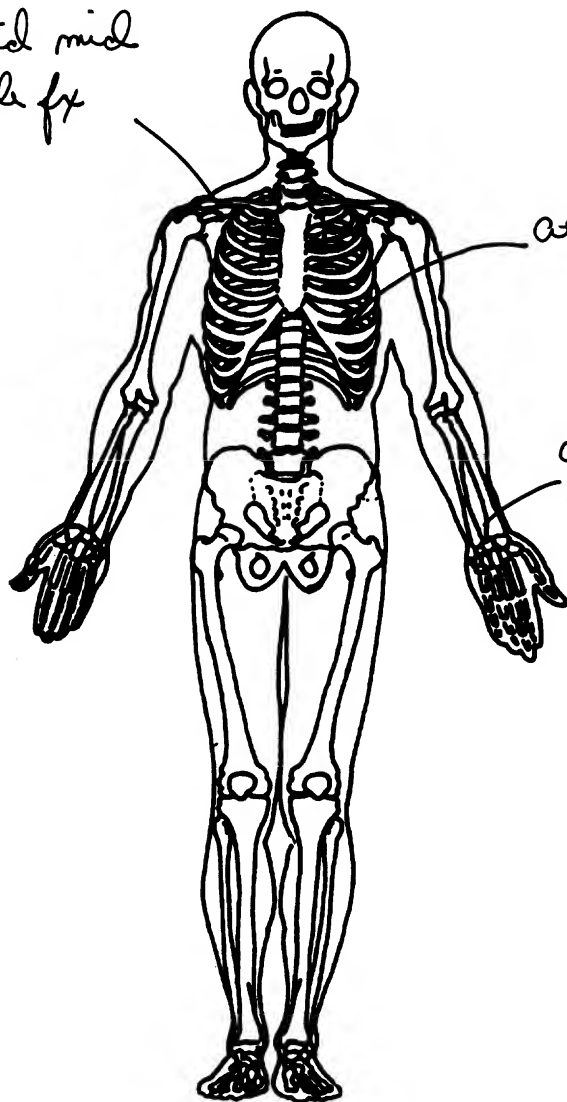
## OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Comminuted mid  
⑧ clavicle fx

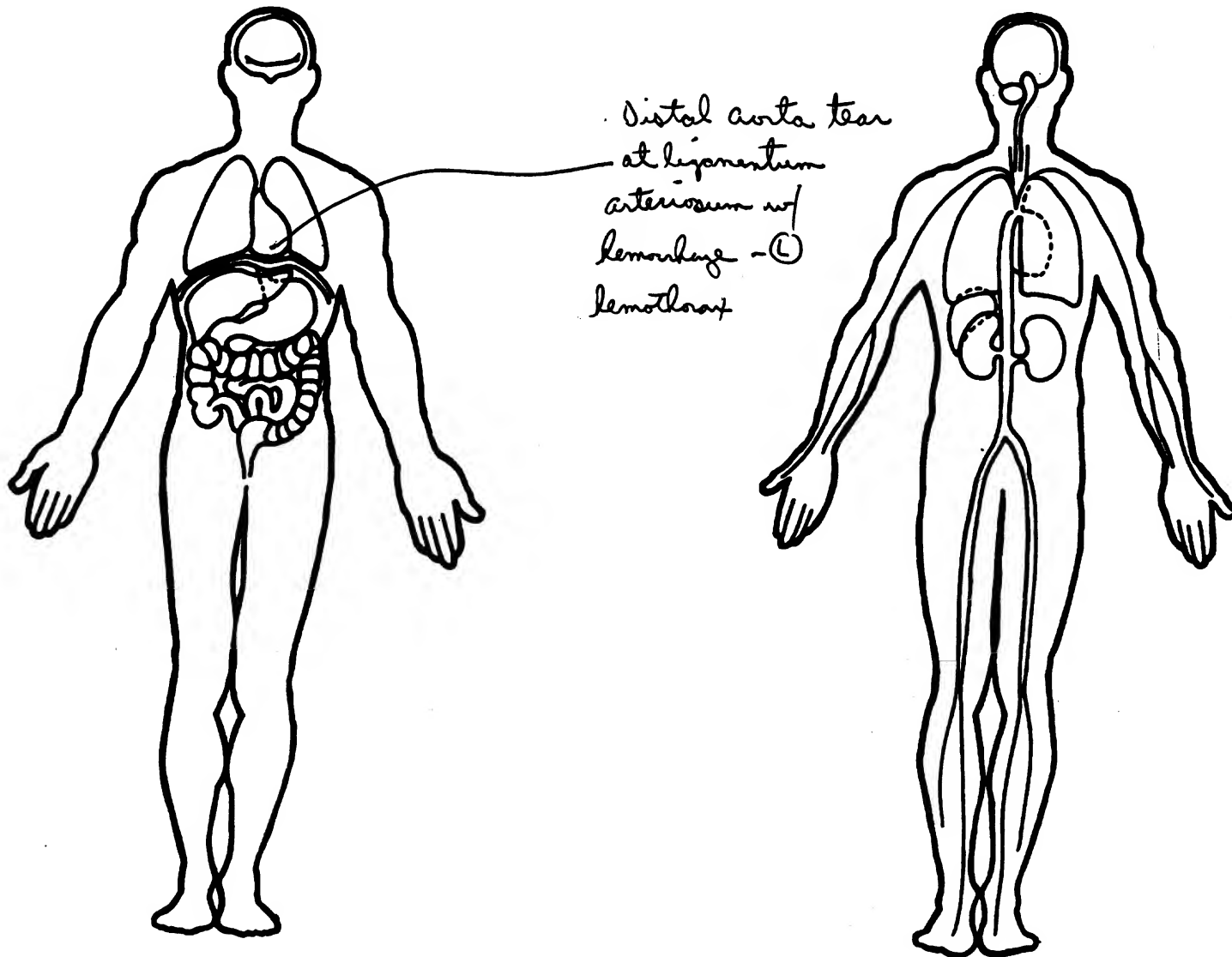
at least 1 ⑥ rib fx

oblique fx  
of distal ①  
radius



## OFFICIAL INJURY DATA - INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





## INTERVIEW FORM (A)

BEST AVAILABLE  
NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 43  
2. Case Number - Stratum ---  
3. Vehicle Number 01

Conducted in Person (SONS OF DRIVER)

Interviewee(s) Role or Name(s):

Phone number: ( )

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

## DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

They had just turned right out of the bank and through an intersection. The passenger was reading mail out loud to driver. They were heading north on \_\_\_\_\_, on a two lane road for a golf game. They had their clubs in the trunk. They mentioned the father had suffered a stroke and when trying to speak held the steering wheel with his left hand at 9 o'clock position and moved his right hand back and forward - at temple level. The driver never used his brakes, he probably had his foot on the gas. The R/F passenger was holding mail and looking down just before the impact. The driver had told them he didn't see the cars ahead, until impact.

## OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

## SPECIFIC QUESTIONS TO ASK INTERVIEWEE

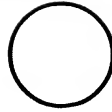
PREOWNED VEHICLE?

DRIVER LEASED 'USED' 3 YEARS AGO WITH 9,000 MILES FROM 'MODERN CHEVROLET', WINSTON SALEM. - WITH 'CERTIFICATE' STATING NO PREVIOUS WRECKS TO THE VEHICLE.

NOTE: DRIVER'S SON HELPED HIM WITH THIS PURCHASE.

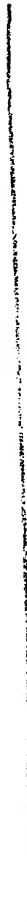


## ACCIDENT DIAGRAM



NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.



## CRASH DATA INFORMATION

## IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input checked="" type="checkbox"/> Relative/friend <b>TWO DRIVER'S SONS</b>
TRAVEL DIRECTION?	<input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?)
LANE?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
ROAD CONDITION?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify)
WEATHER CONDITIONS? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions <b>BRIGHT &amp; SUNNY</b> <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify)
SIGN OR SIGNAL PRESENT? (check all that apply)	<input checked="" type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: _____ <input checked="" type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown <b>20 to 25 mph</b>
SPEED BEFORE THE IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input checked="" type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input checked="" type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Change lanes to left
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe)
AVOIDANCE ACTIONS?	<input checked="" type="checkbox"/> None <input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Unknown <input type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: _____ <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input checked="" type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____
SPEED AT THE TIME OF IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input checked="" type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	<b>One impact to the front bumper and hood and came to rest on roadway.</b>

## VEHICLE INFORMATION

## ROLLOVER DATA

**DID THIS VEHICLE ROLL OVER DURING THE CRASH?**

☐ YES -- ASK THE FOLLOWING QUESTIONS

☒ NO -- SKIP TO "FIRE DATA" BELOW

☐ UNKNOWN -- SKIP TO "FIRE DATA" BELOW

## ROLLOVER BEGAN

<input type="checkbox"/> On roadway	<input type="checkbox"/> On shoulder	<input type="checkbox"/> On roadside or median
<input type="checkbox"/> Unknown		

## ROLLOVER CAUSE?

[ ] Other vehicle (specify vehicle number) \_\_\_\_\_  
 [ ] Contact to object (specify): \_\_\_\_\_  
 [ ] Other cause (specify): \_\_\_\_\_  
 [ ] Unknown

**DIRECTION OF VEHICLE ROLL?**

<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
---

NUMBER OF TURNS

\_\_\_\_ Number of **QUARTER TURNS** [ ] Unknown

\_\_\_\_ Number of **COMPLETE TURNS**

## PLANE IN CONTACT WITH GROUND AT FINAL REST?

<input type="checkbox"/> Left side	<input type="checkbox"/> Top
<input type="checkbox"/> Right side	<input type="checkbox"/> Wheels
<input type="checkbox"/> Unknown	

## FIRE DATA

**DID THIS VEHICLE EXPERIENCE A FIRE?**

☐ YES -- ASK THE FOLLOWING QUESTIONS

☒ NO -- SKIP THIS SECTION

☐ UNKNOWN -- SKIP THIS SECTION

**FIRE STARTED, OR SMOKE  
WAS FIRST SEEN ...**

<input type="checkbox"/> Under the hood	<input type="checkbox"/> In the trunk/cargo area
<input type="checkbox"/> Behind the instrument panel	<input type="checkbox"/> Under the vehicle
<input type="checkbox"/> In the passenger compartment	<input type="checkbox"/> From other involved vehicle
	<input type="checkbox"/> Unknown

**FIRE START WITH THE ELECTRICAL SYSTEM?**  
☐ No                      ☐ Unknown

☐ Yes (specify):

**FIRE START WITH THE FUEL SYSTEM?**

[ ] No [ ] Unknown

☐ Yes - - specify Which part of the fuel system may have been involved?

☐ Fuel tank

☐ Fuel lines

☐ Engine compartment (specify component if known)

☐ Unknown

**Describe any additional rollover or fire information here:**

## ADDITIONAL VEHICLE INFORMATION

YEAR, MAKE AND MODEL?	Year: 19 <u>95</u> Driver purchased used vehicle at approx 9,000 miles. Make: <u>Perce</u> Model: <u>Toyota 4dr</u>
PREVIOUS OR POST-CRASH DAMAGE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
DOORS OR HATCH OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Unknown
WINDOWS BREAK DURING THE CRASH?	<input type="checkbox"/> No <b>Check all that apply</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <input type="checkbox"/> Unknown
WINDOW PRECRASH STATUS	<input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input checked="" type="checkbox"/> Roof <input type="checkbox"/> Other "O" = open "C" = Closed "P" = partially open "U" = Unknown
GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: They opened glove to remove contents - Driver then his son. <input checked="" type="checkbox"/> Unknown
CARGO IN THE VEHICLE?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - describe: TWO SETS OF GOLF CLUBS. Approximate weight - <u>60</u> pounds
VEHICLE MILEAGE	<u>52,186</u> miles <input type="checkbox"/> Unknown
IF VEHICLE HAS NOT BEEN INSPECTED	Current location of the vehicle: _____ Contact person: _____
Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location:	

## OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH? 2

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>    </u>
<b>SEATING POSITION?</b> Front Left (FL)      Second Left (2L) Front Middle (FM)    Second Middle (2M) Front Right (FR)      Second Right (2R)  Third Left (3L)      Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	<b>FRONT LEFT</b>	<u>FR</u>	
<b>SEX, HEIGHT, WEIGHT, AND AGE?</b>  <b>CIRCLE DRIVER'S RACE:</b> <u>White</u> Black    American Indian Eskimo or Aleut    Asian or Pacific Islander  Other (specify): Unknown	<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months <u>    </u> <input type="checkbox"/> F - Unk. if pregnant  HEIGHT: <u>5'5"</u> WEIGHT: <u>157 lb</u> AGE: <u>73</u>  DRIVER OF HISPANIC ORIGIN? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months <u>    </u> <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>4'10"</u> WEIGHT: <u>100 lb</u> AGE: <u>75</u>  <del>XXXXXXXXXX</del>	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months <u>    </u> <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>    </u> WEIGHT: <u>    </u> AGE: <u>    </u>  <del>XXXXXXXXXX</del>
<b>OCCUPANT POSTURE</b>  A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown  Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown  Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown  Indicate all letters that apply and describe if other than above
<b>FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT</b>  <b>FEET</b> A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown  <b>HANDS / ARMS</b> F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed  <u>(A)</u> <hr/> <u>(F)</u> <hr/> <u>(M)</u> - <u>OR</u> <u>(M)</u> - <u>LEFT HAND HOLDING WHEEL AT 9 O'CLOCK AND RIGHT HAND 'CHOPPING' MOTION.</u>	Indicate all letters that apply and further describe as needed  <u>(A)</u> <hr/> <u>(M)</u> - <u>BOTH HANDS HOLDING MAIL UP TO READ.</u>	Indicate all letters that apply and further describe as needed

OCCUPANT DATA CONTINUED ON NEXT PAGE

\* WHILE TRYING TO SPEAK

## OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>   </u>																																																
<b>BACK UP AGAINST THE SEAT BACK?</b>	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown																																																
<b>ADJUSTABLE SEAT TRACK. IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?</b>	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input checked="" type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input checked="" type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown																																																
<b>ADJUSTABLE SEAT BACK. IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT</b>	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input checked="" type="checkbox"/> Slightly reclined</td> <td><input checked="" type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input checked="" type="checkbox"/> Slightly reclined	<input checked="" type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input checked="" type="checkbox"/> Slightly reclined</td> <td><input checked="" type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input checked="" type="checkbox"/> Slightly reclined	<input checked="" type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
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<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward																																																		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown																																																		
<b>TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT</b>	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Center <input type="checkbox"/> Full down	<input type="checkbox"/> Full up <input type="checkbox"/> Between center and full down <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Between full up and center <input type="checkbox"/> Between full back and midpoint <input type="checkbox"/> Between midpoint and full forward <input type="checkbox"/> Unknown																																																
<b>TELESCOPING STEERING COLUMN PRIOR TO IMPACT</b>	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Midpoint <input type="checkbox"/> Full forward	<input type="checkbox"/> Full back <input type="checkbox"/> Between midpoint and full forward <input type="checkbox"/> Unknown																																																	

Did this vehicle have a cellular phone in it during the crash?

☒ No

☐ Yes - describe type: \_\_\_\_\_

(e.g., portable, mounted in vehicle, flip phone, etc.)

☐ Unknown

**(Note to researcher: try to determine any driver distractions without implying fault)**

Was the driver doing any of the following? (check all that apply - and specify)

- ☒ Talking to or listening to another occupant (specify): POSSIBLY LISTENING TO  
☐ Was there a moving object in vehicle (specify): R/F PASSENGER READING  
☐ Talking or listening on a cellular phone (specify): THE MAIL OR TALKING  
☐ Dialing a cellular phone (specify): TO PASSENGER  
☐ Adjusting climate control (specify):  
☐ Adjusting radio, CD or cassette player (specify):  
☐ Using other device or object in vehicle (specify):  
☐ Sleepy / asleep (specify):  
☐ Distracted by outside person, object, or event (specify):  
☐ Eating or drinking (specify):  
☐ Smoking related (specify):  
☐ Other (specify):  
☐ Unknown



## RESTRAINT INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>   </u>
<b>TYPE OF SEAT BELT AVAILABLE</b>  <b>NOTE: If a belt is not available for a seat position -- describe reason</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
<b>DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT?</b> <i>(i.e., 2 - point automatic belt)</i>	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
<b>ARE ANY BELTS ATTACHED TO THE DOOR?</b> <i>(i.e., 3 - point automatic belt)</i>	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", DOES IT CROSS:	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
<b>OCCUPANT WEARING ANY SEATBELT?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

**SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN**

<b>TYPE OF BELT WORN?</b>	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
<b>LAP BELT SITUATED?</b>	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): <u>WHERE THE BELT WOULD LAY NORMALLY</u> <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): <u>WHERE THE BELT WOULD LAY NORMALLY</u> <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
<b>SHOULDER BELT SITUATED?</b>	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown

Describe any breaks, tears, or failures to any of the seat belts:

NONE

## EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>    </u>
<b>ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown  * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown  * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown  * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
<b>ANYONE PINNED IN THE VEHICLE?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown  Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown  Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown  Detail any entrapment
<b>HOW DID OCCUPANT(S) EXIT THE VEHICLE?</b>	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input checked="" type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

REMAINED IN THE  
 VEHICLE UNTIL EMS REMOVED HER.

BEST AVAILABLE

## AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☒ YES (IF "YES" COMPLETE THIS SECTION)

PREOWNED VEHICLE

☐ NO ☐ UNKNOWN

(IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # <u>1</u>	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # _____
<b>VEHICLE BEEN IN ANY PREVIOUS CRASHES?</b>  <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below 'NOT TO THIS LEASE/OWNER'	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed  <b>IF PRIOR DEPLOYMENT</b> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed  <b>IF PRIOR DEPLOYMENT</b> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed  <b>IF PRIOR DEPLOYMENT</b> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
<b>TYPE OF AIR BAG?</b> 'TO THIS LEASE/OWNER'	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
<b>PRIOR SERVICE ON THE AIR BAG SYSTEM?</b> 'FOR THIS LEASE/OWNER'	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
<b>DID AIR BAG INFLATE DURING THIS CRASH?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No  If "NO" was the wiring disconnected prior to the crash?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No  If "NO" was the wiring disconnected prior to the crash?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No  If "NO" was the wiring disconnected prior to the crash?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
<b>WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?</b>	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - Specify: ONE LENS FLEW OUT OF EYEGLASSES	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
<b>WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

DRIVER COULDN'T EXIT VEHICLE, BOTH OCCUPANTS COMPLAINED THE BAGS  
 Describe any additional information here: TOOK A LONG TIME TO DEFLATE AND THEY  
 HAD DIFFICULTY BREATHING WITH THE SMOKE AND SMELL.

## CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

☐ YES (IF "YES" COMPLETE THIS SECTION)

☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

## INJURY INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # _____
<b>WERE YOU INJURED?</b> ▶ If "YES" go to manikin page and record injuries in detail ▶ If "NO" ask next questions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
<b>DID YOU HAVE ANY OF THE FOLLOWING:</b> (If any injuries are checked, go to the manikin page and record location, lesion, and source)	<input type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input checked="" type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input checked="" type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input checked="" type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
<b>TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
<b>RECEIVE ANY MEDICAL TREATMENT?</b> (check all that apply) EMS OUT OF	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input checked="" type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input checked="" type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
<b>HOSPITALIZED?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
<b>TREATED AND RELEASED FROM THE EMERGENCY ROOM?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
<b>NAME OF MEDICAL TREATMENT FACILITY?</b>			
<b>RECEIVE ANY FOLLOW-UP TREATMENT?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe any additional injuries diagnosed: <u>SEE ATTACHED SUPPLEMENT</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown
<b>LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
<b>IF REQUIRED:</b> <b>WILL YOU SIGN A MEDICAL RELEASE?</b> * If not an in-person interview, make appointment to have release signed	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: <u>TAKEN RELEASE</u> TIME: <u>FROM</u> PLACE: _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: <u>per</u> TIME: <u>per</u> PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

PSU Number 43

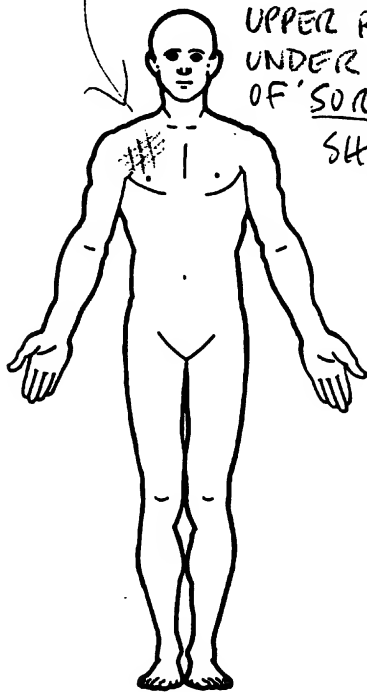
Case Number—Stratum \_\_\_\_\_

Vehicle Number 01Occupant Number 01

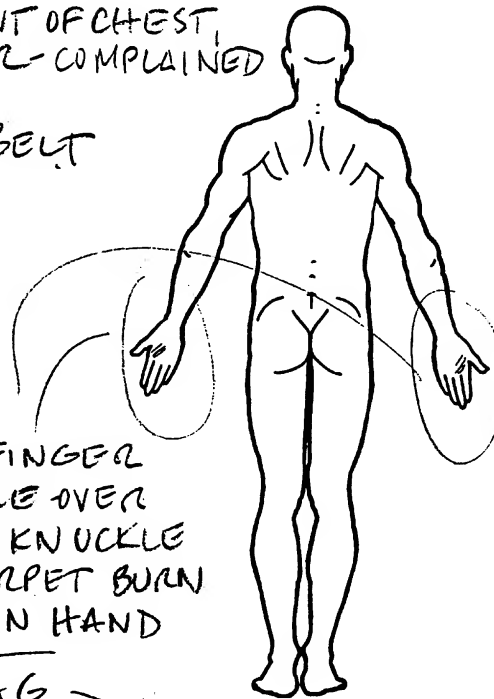
## INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): TWO SONS of Driver.

## SOFT TISSUE/INTERNAL INJURIES



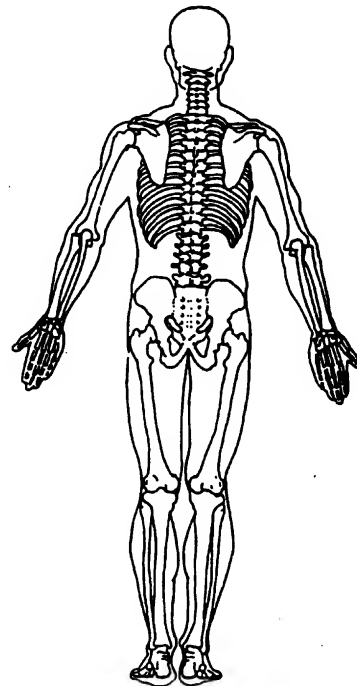
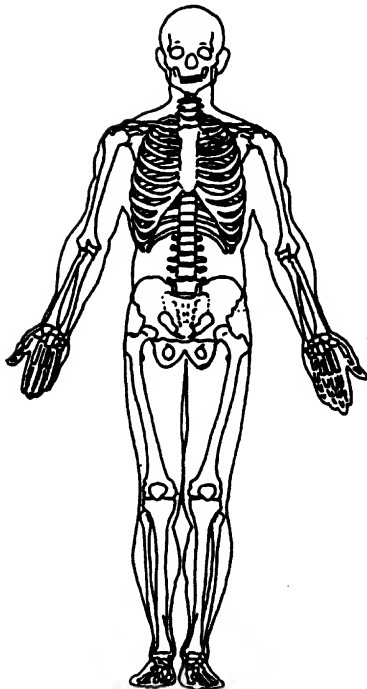
UPPER RIGHT FRONT OF CHEST,  
UNDER SHOULDER—COMPLAINED  
OF "SORENESS"  
SHOULDER BELT



INDEX FINGER  
KNUCKLE OVER  
ENTIRE KNUCKLE  
3/4" CARPET BURN  
UNKNOWN HAND  
AIRBAG

## SKELETAL INJURIES

EVENTUALLY DEVELOPED  
A SCAB OVER THE BURN



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 43

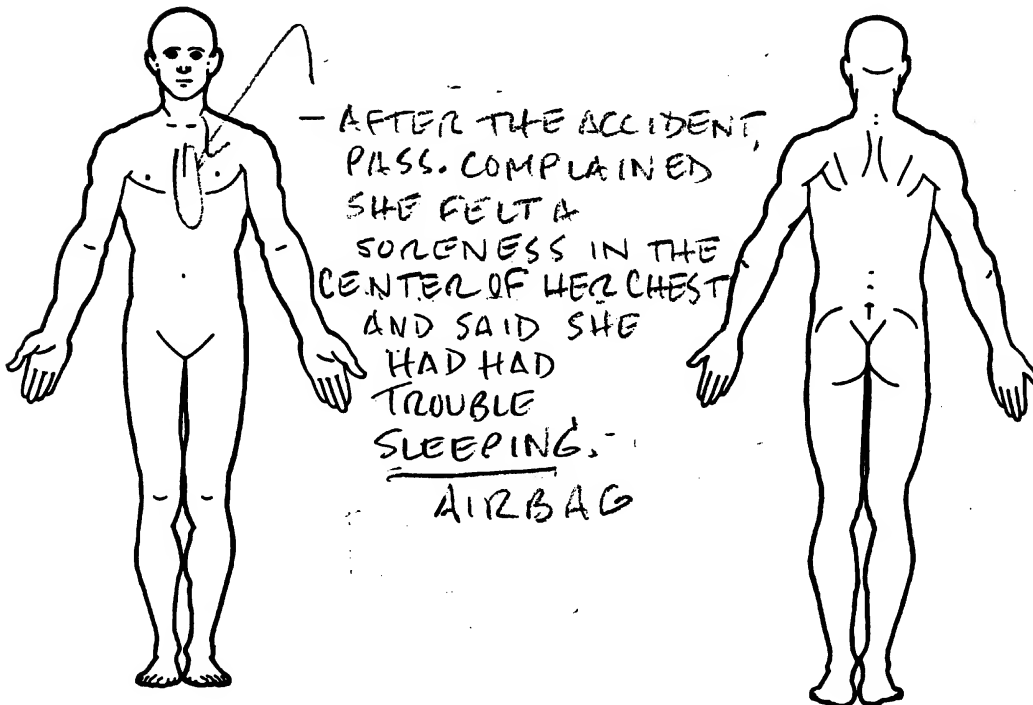
Case Number—Stratum \_\_\_\_\_

Vehicle Number 01Occupant Number 02

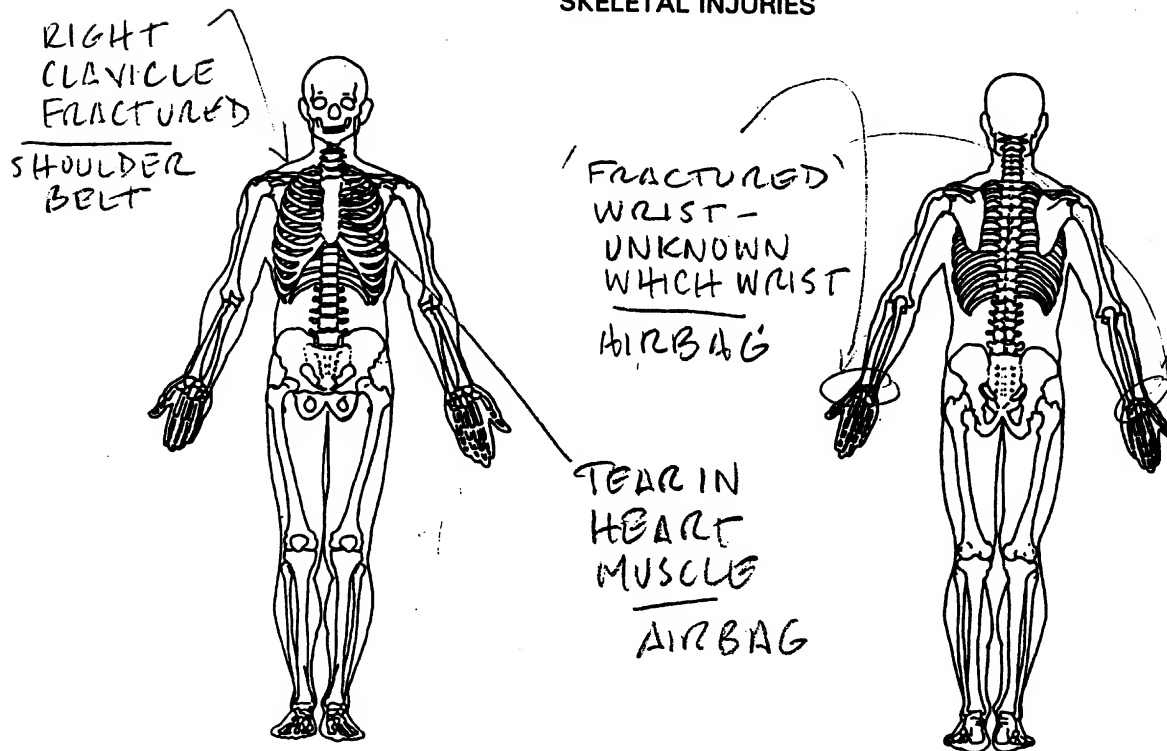
## INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): TWO SONS OF DRIVER

## SOFT TISSUE/INTERNAL INJURIES



## SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).



- Specialist - Apt Made - Clavicle for Tues
- Next morning Tues - Dizziness
- ~~Collect~~ - (7:30-8:00 am - loaded into Ambul -
- (lost consciousness <sub>nest</sub>) - - lost pressure

Ortho - ~~Sec~~

Morning X-ray -

Die Ran

couldn't find tear  
lost pressure blood  
rushed to operating  
- 25 min - no oxygen

(ICU - then until Friday  
unhooked -

Contact: (1 ← - Son)

- Doctor recommended -  
released.

R/F PASSENGER -

BEST AVAILABLE

SUPPLEMENTAL TREATMENT OF INJURIES:

SOURCE:

1 SON OF DRIVER,

AFTER FRIDAY OF ACCIDENT -

SATURDAY:

1 WENT

OVER IN PERSON TO CHECK ON DRIVER  
AND PASSENGER. TOOK STEPMOTHER  
TO HOSPITAL TO GET A CHECK UP AND  
RECEIVE A 'VELCRO TYPE' WRIST CAST.  
HE CALLED IT A 'FOLLOWUP VISIT'.

SUNDAY:

1 CALLED HIS PARENTS.

STEPMOTHER HAD COMPLAINED OF SORENESS  
IN HER CHEST AND THE FACT THAT SHE  
HAD HAD TROUBLE SLEEPING.

MONDAY: 3 PM

1 HAD TAKEN R/F

PASSENGER TO SALEM FAMILY PRACTICE.  
THE DOCTOR THERE MADE AN APPOINTMENT  
FOR A SPECIALIST TO SEE PASSENGER TUESDAY  
FOR THE DAMAGE TO THE CLAVICLE.

CON T. OF SUPPLEMENT:

TUESDAY MORNING : SAID  
STEPMOTHER COMPLAINED OF DIZZINESS  
THEN COLLAPSED. HE ARRIVED AT HIS  
PARENTS HOUSE AT 7:30-8:00 AM AS  
R/F PASSENGER WAS BEING REMOVED  
INTO THE AMBULANCE.

SHE WAS BEING TAKEN TO

BUT LOST CONSCIOUSNESS  
AND BLOOD PRESSURE. PATIENT IN AMBULANCE  
WAS REROUTED TO  
EMERGENCY ROOM TO REGAIN BLOOD PRESSURE  
AND STABILIZE. LACE STABILIZED, STEPMOTHER  
WAS MOVED TO IN

THAT SAME MORNING. X-RAYS  
WERE TAKEN, UNABLE TO DETECT PROBLEM.  
DIE INJECTED, LOST BLOOD PRESSURE.

RUSHED TO OPERATING ROOM - BRAIN RE-

CEIVED NO OXYGEN FOR 25 MINUTES. IN

WED, THURS, FRI : ICU - DID NOT REGAIN CONSCIOUSNESS. HER

(1) BODY SWELLED UNTIL SHE WAS UNRECOGNIZABLE,  
UNVOICED HER LIFE SUPPORT FRIDAY.

RECOMMENDED VICTIM'S

SON (S) AS A CONTACT. LAWRENCE  
WASN'T AT THE HOSPITAL AT THIS TIME.

8:43PM

96-25  
CALSPAN

BEST AVAILABLE

DMV-3 (Rev. 6/82)

3

No. of Units Involved

Supplemental Report

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces  
DMV REPORT 8

Date MONTH DAY YEAR		Day of Week	County	Time 1:57 (24 Hour Clock)	Local Use / Patrol Area	Date Received by DMV
LOCATION	Collision occurred <input type="checkbox"/> In <input type="checkbox"/> No					
	Municipality _____					
	on Highway Number, or Highway Street (If ramp or service road, indicate on line) (A.R. Crossing # _____) _____ Miles (0.1 Intersection) _____					
	at or from _____ Use Highway Number, Street Name or Adjacent County or State Line _____					
<input type="checkbox"/> VEHICLE 1 Driver _____ Address _____ City _____ State <u>NC</u> Zip _____ Same Address on Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's Phone No. (_____) _____ D.L.# _____ State <u>NC</u> DOB _____ Vision 1. Obstruction _____ 2. Condition _____ 3. Introduction _____ Restrictions _____ Owner <u>Same as Driver</u> Address _____ City _____ State _____ Zip _____ VIN _____ Plate # _____ State <u>NC</u> Year <u>1997</u> Veh. Year <u>1995</u> Veh. Make <u>Toyota</u> Veh. Type Code <u>PC</u> Commercial Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No Trailer Type Code _____ Air Bag <input type="checkbox"/> Yes <input type="checkbox"/> No 1st Trailer No. of Axles _____ Deployed <input type="checkbox"/> Yes <input type="checkbox"/> No Width _____ inches Vehicle Drivable <input type="checkbox"/> Yes <input type="checkbox"/> No Length _____ feet Post Crash Pile <input type="checkbox"/> Yes <input type="checkbox"/> No 2nd Trailer No. of Axles _____ Rollover <input type="checkbox"/> Yes <input type="checkbox"/> No Width _____ inches Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No Length _____ feet Spilled <input type="checkbox"/> Yes <input type="checkbox"/> No TAD _____ Crossed Median <input type="checkbox"/> Yes <input type="checkbox"/> No Est. Damage \$ <u>1,000</u> Removed to _____ By _____ Authority <u>OWNER</u>			<input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input type="checkbox"/> OTHER Driver _____ Address _____ City _____ State <u>NC</u> Zip _____ Same Address on Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's Phone No. (_____) _____ D.L.# _____ State <u>NC</u> DOB _____ Vision 1. Obstruction _____ 2. Condition _____ 3. Introduction _____ Restrictions _____ Owner <u>Same as Driver</u> Address _____ City _____ State _____ Zip _____ VIN _____ Plate # _____ State <u>NC</u> Year <u>1997</u> Veh. Year <u>1994</u> Veh. Make <u>Chevy</u> Veh. Type Code <u>PC</u> Commercial Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No Trailer Type Code _____ Air Bag <input type="checkbox"/> Yes <input type="checkbox"/> No 1st Trailer No. of Axles _____ Deployed <input type="checkbox"/> Yes <input type="checkbox"/> No Width _____ inches Vehicle Drivable <input type="checkbox"/> Yes <input type="checkbox"/> No Length _____ feet Post Crash Pile <input type="checkbox"/> Yes <input type="checkbox"/> No 2nd Trailer No. of Axles _____ Rollover <input type="checkbox"/> Yes <input type="checkbox"/> No Width _____ inches Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No Length _____ feet Spilled <input type="checkbox"/> Yes <input type="checkbox"/> No TAD _____ Crossed Median <input type="checkbox"/> Yes <input type="checkbox"/> No Est. Damage \$ <u>900</u> Removed to _____ By _____ Authority <u>OWNER</u>			
Other Property Damaged <u>N/A</u>			Estimated Damage <u>N/A</u>		Owner Name <u>N/A</u> Address _____	
OCCUPANT SECTION INSTRUCTIONS: Give Injury Class, Belt/Helmet Usage, Race/Sex and Age of all occupants in the space corresponding to the seat occupied (see codes at top). Names and addresses are necessary for persons who were injured.						
Seat	Class	Belt	Helmet	Age	First Name	Last Name
Left Front	B	3	W	72		
Center Front						
Right Front	B	3	W	75		
Left Rear						
Center Rear						
Right Rear						
Total Number Occupants <u>2</u>		Total Number Injured <u>2</u>		Total Number Occupants <u>2</u>		Total Number Injured
Ambulance Requested <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Ambulance Arrived At <u>1:51:30</u> (24 Hour Clock)				
Injured Taken To _____						

N.C. COLLISION REPORT FORM — Send To: N.C. Division of Motor Vehicles, Raleigh, N.C.

MAKING &gt; ACCIDENT BY (initials)

POINTS OF INITIAL CONTACT (Write In Codes)		Passenger Cars/Small Trucks		Tractor-Trailers		Motorcycle, Bicycle or Moped	
VEH. 1	VEH. 2	20 19 18 17		20 19 18 17		20 19 18 17	
2	15	15 14 13 12 11 10 9		15 14 13 12 11 10 9		15 14 13 12 11 10 9	
1	16	8 7 6 5 4 3 2 1		8 7 6 5 4 3 2 1		8 7 6 5 4 3 2 1	
		Passenger Cars/Small Trucks		Tractor-Trailers		Motorcycle, Bicycle or Moped	
ACCIDENT SEQUENCE		Veh. 1	Veh. 2 or Ped.	UNDERNEATH: 22. Front 23. Center 24. Rear 25. Unknown		ROADWAY INFORMATION (See Front)	
6. Veh. Manuever/Post. Action		4	1	Veh. 1    Veh. 2 or Ped.		11. Locality    3    18. Road Defects    7	
7. First Harmful Event		14	14	Speed Limit (for each vehicle)    35    35		12. Development Type    2    19. Road Condition    1	
7. Most Harmful Event		20	14	Estimated Original Traveling Speed    35    0		13. Road Feature    14    20. Light Condition    1	
8. Object Struck		1	1	Estimated Speed at Impact    35    0		14. Road Character    3    21. Weather    1	
8. Distance to Object Struck		1	1	Time Impressions Before Impact (ft.)    0    0		15. Road Class    2    22. Traffic Control    11	
10. Vehicle Defects		8	8	Time Impressions After Impact (ft.)    5ft    26ft		16. Number of Lanes    2    Operating <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Distance Traveled After Impact (ft.)    5ft    26ft		17. Road Configuration    2    Visible <input type="checkbox"/> Yes <input type="checkbox"/> No	
						18. Road Surface    3	

8:45PM

BEST AVAILABLE

DMV-316 (Rev. 6/92)

3

No. of Units Involved

☐ Supplemental Report

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces  
DMV REPORT #

Date			Day of Week	County	Time	Local Use / Patrol Area	Date Received by DMV
MONTH	DAY	YEAR			(24 Hour Clock)		
LOCATION <input type="checkbox"/> In <input type="checkbox"/> Near _____ Municipality _____ or _____ Miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W outside municipality on _____ Highway Number, or Highway, Street, (If ramp or service road, indicate on line) (P.R. Crossing # _____) _____ Miles _____ ft. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W at or from _____ Use Highway Number, Street Name or Adjacent County or State Line toward _____ Use Highway Number, Street Name or Adjacent County or State Line							
<input checked="" type="checkbox"/> VEHICLE 1 <input type="checkbox"/> HIT & RUN Driver 1 _____ Last _____ Address _____ City _____ State <u>NC</u> Zip _____ Same Address on Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's Phone No. ( ) _____ D.O.B. _____ State <u>NC</u> DOB _____ month/year Vision 1. Observation <u>1</u> 2. Condition <u>1</u> 3. Indication <u>1</u> Restrictions <u>0</u>				<input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input type="checkbox"/> OTHER Driver 2 _____ First _____ Middle _____ Last _____ Address _____ City _____ State _____ Zip _____ Same Address on Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's Phone No. ( ) _____ D.O.B. _____ State _____ DOB _____ month/year Vision 1. Observation _____ 2. Condition _____ 3. Indication _____ Restrictions _____			
Owner <u>Same as Driver</u> Address _____ City _____ State _____ Zip _____ VIN _____ Plate # _____ State <u>NC</u> Year <u>1997</u> Veh. Year <u>1991</u> Veh. Make <u>Toyota</u> Veh. Type Code <u>PC</u> Commercial Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Trailer Type Code _____ Air Bag <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 1st Trailer No. of Axles _____ Deployed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Width _____ inches Vehicle Drivable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Length _____ feet Post Crash Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2nd Trailer No. of Axles _____ Rollover <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Width _____ inches Hazardous Cargo <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Length _____ feet Spilled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TAD _____ Crossed Median <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Est. Damage \$ <u>300.00</u> Removed to _____ By _____ Authority _____				Owner _____ Address _____ City _____ State _____ Zip _____ VIN _____ Plate # _____ State _____ Year _____ Veh. Year _____ Veh. Make _____ Veh. Type Code _____ Commercial Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No Trailer Type Code _____ Air Bag <input type="checkbox"/> Yes <input type="checkbox"/> No 1st Trailer No. of Axles _____ Deployed <input type="checkbox"/> Yes <input type="checkbox"/> No Width _____ inches Vehicle Drivable <input type="checkbox"/> Yes <input type="checkbox"/> No Length _____ feet Post Crash Fire <input type="checkbox"/> Yes <input type="checkbox"/> No 2nd Trailer No. of Axles _____ Rollover <input type="checkbox"/> Yes <input type="checkbox"/> No Width _____ inches Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No Length _____ feet Spilled <input type="checkbox"/> Yes <input type="checkbox"/> No TAD _____ Crossed Median <input type="checkbox"/> Yes <input type="checkbox"/> No Est. Damage \$ _____ Removed to _____ By _____ Authority _____			
Other Property Damaged _____				Estimated Damage \$ _____		Owner Name _____ Address _____	
<b>OCCUPANT SECTION INSTRUCTIONS:</b> Give Injury Class, Belt/Helmet Usage, Race/Sex and Age of all occupants in the space corresponding to the seat occupied (see codes at top). Names and addresses are necessary for persons who were injured.							
Seat	Inj. Class	S. Belt Met.	Helm. /Sec	Age	First Name	Injured Names and Addresses	Last Name
Left Front	<u>03</u>	<u>4</u>	<u>31</u>				
Center Front							
Right Front							
Left Rear							
Center Rear							
Right Rear							
Total Number Occupants _____				Total Number Injured <u>0</u>			
Ambulance Requested <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, Ambulance Arrived At _____ (24 Hour Clock)			
Injured Taken To _____				(Treatment Facility and City or Town)			

 N.C. COLLISION REPORT FORM — Form 316 N.C. Division of Motor Vehicles  
 N.C.

MARKS &gt; &lt; ADDED BY

POINTS OF INITIAL CONTACT (Write in Codes)		Passenger Cars/Small Trucks		Tractor-Trailers		Motorcycle, Bicycle or Moped	
VEH. 1	VEH. 2						
15							

ACCIDENT SEQUENCE	Veh. 1	Veh. 2 or Ped.	UNDERNEATH: 22. Front 23. Center 24. Rear 25. Unknown	Veh. 1	Veh. 2 or Ped.	ROADWAY INFORMATION (See Front)
6. Veh. Maneuver/Pos. Action	1					11. Locality
7. First Harmful Event		14		35		12. Development Type
7. Most Harmful Event	14		Speed Limit (for each vehicle)	35		13. Road Feature
8. Object Struck	1		Estimated Original Traveling Speed	0		14. Road Character
8. Distance to Object Struck	1		Estimated Speed at Impact	0		15. Road Class
10. Vehicle Defects	8		Tire Impressions Before Impact (ft.)	0		16. Number of Lanes
			Distance Traveled After Impact (ft.)	0		17. Road Configuration
						18. Road Surface
						19. Road Defects
						20. Road Condition
						21. Light Condition
						22. Weather
						23. Traffic Control
						Operating <input type="checkbox"/> Yes <input type="checkbox"/> No
						Visible <input type="checkbox"/> Yes <input type="checkbox"/> No

INDICATE NORTH

Vehicle 1 was Traveling ☒ N ☐ S ☐ E ☐ W on \_\_\_\_\_

Vehicle 2 was Traveling ☐ N ☐ S ☐ E ☐ W on \_\_\_\_\_

**DESCRIBE WHAT HAPPENED:**

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CIRCUMSTANCES CONTRIBUTING TO THE COLLISION (Check as many as apply)												RESERVED FOR CITY OR OTHER USE	
DRIVER				DRIVER				DRIVER				Veh. 3	
1	2			1	2			1	2				
<input type="checkbox"/>	<input type="checkbox"/>	1. None		<input type="checkbox"/>	<input type="checkbox"/>	10. Pass stopped school bus		<input type="checkbox"/>	<input type="checkbox"/>	18. Safe movement violation			
<input type="checkbox"/>	<input type="checkbox"/>	2. Alcohol use		<input type="checkbox"/>	<input type="checkbox"/>	11. Passing on hill		<input type="checkbox"/>	<input type="checkbox"/>	20. Following too closely			
<input type="checkbox"/>	<input type="checkbox"/>	3. Drug use		<input type="checkbox"/>	<input type="checkbox"/>	12. Passing on curve		<input type="checkbox"/>	<input type="checkbox"/>	21. Improper backing			
<input type="checkbox"/>	<input type="checkbox"/>	4. Yield		<input type="checkbox"/>	<input type="checkbox"/>	13. Other improper passing		<input type="checkbox"/>	<input type="checkbox"/>	22. Improper parking			
<input type="checkbox"/>	<input type="checkbox"/>	5. Stop sign		<input type="checkbox"/>	<input type="checkbox"/>	14. Improper lane change		<input type="checkbox"/>	<input type="checkbox"/>	23. Unable to determine			
<input type="checkbox"/>	<input type="checkbox"/>	6. Traffic signal		<input type="checkbox"/>	<input type="checkbox"/>	15. Use of improper lane		<input type="checkbox"/>	<input type="checkbox"/>	24. Left of center			
<input type="checkbox"/>	<input type="checkbox"/>	7. Exceeding speed limit		<input type="checkbox"/>	<input type="checkbox"/>	16. Improper turn		<input type="checkbox"/>	<input type="checkbox"/>	25. Right turn on red			
<input type="checkbox"/>	<input type="checkbox"/>	8. Exceeding safe speed		<input type="checkbox"/>	<input type="checkbox"/>	17. Improper or no signal		<input type="checkbox"/>	<input type="checkbox"/>	26. Other _____			
<input type="checkbox"/>	<input type="checkbox"/>	9. Failure to reduce speed		<input type="checkbox"/>	<input type="checkbox"/>	18. Improper vehicle equipment							

WIT- Name _____	Address _____	Phone No. (____) _____	
NESS: Name _____	Address _____	Phone No. (____) _____	
ARREST: Name _____	Charge(s) _____		
_____	Charge(s) _____		
Sign Here _____	Officer's Rank and Name _____	Number _____	Department _____
			Date of Report _____



DMV-348 (Rev. 4/96)

No. of Units Involved

Supplemental Report

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Date	Day of Week	County	Time	Local Time / Patrol Area				
1997	Friday		1517					
LOCATION	Collision occurred <input checked="" type="checkbox"/> In <input type="checkbox"/> Near _____ Municipality _____ or _____ Miles <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> outside municipality on Highway Number, or Highway, Street, (If ramp or service road, indicate on line) _____ (A.N. Drawing # _____) Miles <u>6.8</u> (D.N. Intersection) _____ Use Highway Number, Street Name or Adjacent County or State Line <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> toward _____ Use Highway Number, Street Name or Adjacent County or State Line							
<b>VEHICLE 1</b> <input type="checkbox"/> HIT & RUN Driver 1 _____ Address _____ City _____ State <u>AJ</u> Zip _____ Same Address on Driver's License? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Driver's Phone No. <u>W( )</u> H( ) D.L.# _____ State <u>AJ</u> DOB _____ Vision 1. Obstruction <u>1</u> Physical & Condition <u>1</u> 3. Intoxication <u>1</u> Restrictions _____ Owner _____ Address _____ City _____ State _____ Zip _____ VIN _____ Plate # _____ State _____ Year _____ Veh. Year _____ Veh. Make _____ Veh. Type Code _____ Commercial Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No Trailer Type Code _____ Air Bag Deployed <input type="checkbox"/> Yes <input type="checkbox"/> No 1st Trailer No. of Axes _____ Passenger <input type="checkbox"/> Yes <input type="checkbox"/> No Width _____ inches Vehicle Drivable <input type="checkbox"/> Yes <input type="checkbox"/> No Length _____ feet Post Crash Fire <input type="checkbox"/> Yes <input type="checkbox"/> No 2nd Trailer No. of Axes _____ Rollover <input type="checkbox"/> Yes <input type="checkbox"/> No Width _____ inches Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No Length _____ feet Spilled <input type="checkbox"/> Yes <input type="checkbox"/> No TAD _____ Crashed Median <input type="checkbox"/> Yes <input type="checkbox"/> No Est. Damage \$ _____ Insurance Company _____ Policy # _____								
<b>VEHICLE 2</b> <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input type="checkbox"/> OTHER Driver 2 _____ Address _____ City _____ State _____ Zip _____ Same Address on Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's Phone No. <u>W( )</u> H( ) D.L.# _____ State <u>AJ</u> DOB _____ Vision 1. Obstruction <u>1</u> Physical & Condition <u>1</u> 3. Intoxication <u>1</u> Restrictions <u>0</u> Owner _____ Address _____ City _____ State _____ Zip _____ VIN _____ Plate # _____ State _____ Year _____ Veh. Year _____ Veh. Make _____ Veh. Type Code _____ Commercial Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No Trailer Type Code _____ Air Bag Deployed <input type="checkbox"/> Yes <input type="checkbox"/> No 1st Trailer No. of Axes _____ Passenger <input type="checkbox"/> Yes <input type="checkbox"/> No Width _____ inches Vehicle Drivable <input type="checkbox"/> Yes <input type="checkbox"/> No Length _____ feet Post Crash Fire <input type="checkbox"/> Yes <input type="checkbox"/> No 2nd Trailer No. of Axes _____ Rollover <input type="checkbox"/> Yes <input type="checkbox"/> No Width _____ inches Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No Length _____ feet Spilled <input type="checkbox"/> Yes <input type="checkbox"/> No TAD _____ Crashed Median <input type="checkbox"/> Yes <input type="checkbox"/> No Est. Damage \$ _____ Insurance Company _____ Policy # _____								
Other Property Damaged _____ Estimated Damage \$ _____ Owner Name _____ Address _____								
<b>OCCUPANT SECTION INSTRUCTIONS:</b> Give Injury Class, Seat/Helmet Usage, Race/Sex and Age of all occupants in the space corresponding to the seat occupied (see codes at top). Names and addresses are necessary for all occupants.								
Seat	A. In. Class	B. Sex	C. Race	Age	First Name	Names and Addresses	Last Name	
Left Front	B	3	M	39	DRIVER 1			
Center Front								
Right Front								
Left Rear								
Center Rear								
Right Rear								
Left Front	C	3	M	39	DRIVER 2, PEDESTRIAN, OTHER			
Center Front								
Right Front								
Left Rear								
Center Rear								
Right Rear								
Total Number Occupants <u>2</u>					Total Number Injured <u>1</u>			
Ambulance Requested <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Police Requested <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Injured Taken To _____					Served by _____			
NAME OF EMB _____					NAME OF EMB _____			

N.C. COLLISION REPORT FORM - Send To: N.C. Division of Motor Vehicles

MAKES &gt; &lt; ADDED BY

[illegible]

NAME:

MRN:

BEST AVAILABLE

ATT PHYS:

GW.  
D:  
T:  
R#:

DATE OF ADMISSION:

DATE OF EXPIRATION:

ADMISSION/DISCHARGE DIAGNOSIS: Traumatic rupture of the thoracic aorta from seizure.

OPERATIVE PROCEDURE: Emergency left thoracotomy and repair of ruptured thoracic aorta.

HISTORY OF PRESENT ILLNESS: The patient is a 75-year-old white female who was a right front seat passenger involved in a rear-end collision four days prior to admission. Her husband reportedly was driving the automobile that struck another car from behind at approximately 20 miles per hour. The patient was in a seat belt and harness, and the air bag deployed. She was taken to the Emergency Room at \_\_\_\_\_ and was found to have a right clavicular fracture and fractures through the distal left radius. She was sent home on pain medications. The patient had persistent chest pain going through to her back and did not improve. The patient also had periods of light-headedness. She returned to the Emergency Room at \_\_\_\_\_ on the morning of admission and was found to have a left hemothorax and hypotension. She was stabilized, and two units of packed red blood cells were started and patient transferred to \_\_\_\_\_.

PAST MEDICAL HISTORY: Past history reveals no medical illnesses or surgeries.

CURRENT MEDICATIONS: She was on no medications except for pain medications given in the Emergency Room.

The remainder of past history, family history, and review of systems is noncontributory.

PHYSICAL EXAMINATION: The patient is an elderly white female who appears to be acutely ill, but otherwise is in no acute distress. Blood pressure when first seen was 88/55 and pulse 120. Examination of the chest was remarkable for marked ecchymosis across the anterior chest and breasts. She was in a figure-of-eight collar. Examination of the lungs was clear bilaterally without a murmur or rub. Examination of the abdomen revealed it to be soft, but there was marked ecchymosis across the lower abdomen consistent with the seatbelt. Her left wrist was in a splint. Pedal pulses were symmetric and strong.

LABORATORY FINDINGS: Laboratory examination was remarkable in that the chest x-ray revealed a large hemothorax on the left side. A nasogastric tube was introduced which revealed no deviation of the nasogastric tube. There was questionable widening of the mediastinum, but was inconclusive for aortic tear.

HOSPITAL COURSE: The patient was stabilized in the Emergency Room with a blood pressure of 120 to 130 and a pulse of 90. It was felt that a thoracic aortic injury had to be ruled out, and the patient was taken to the Angiography Suite for a thoracic aortogram. At the time of the aortogram, there was immediate leaking seen in the distal arch, and the patient immediately became hypotensive. CPR was started, and the patient was immediately taken to the Operating Room where a left thoracotomy was performed. She was found to have a tear at the ligamentum arteriosum, and this was repaired with an interposition graft.

Postoperatively, the patient's blood pressure was stabilized with massive vasopressors. Also, she had an apparent episode of DIC which was treated with blood platelets and fresh frozen plasma. The DIC stabilized. However, the patient still required vasopressors to maintain an adequate blood pressure. During the following several days, the patient remained comatose. It was felt that she possibly had severe anoxic encephalopathy due to her period of hypotension at the time of her aortic rupture. Consequently, a neurology consult was obtained, and an EEG was done, as well as other evaluations, which revealed essentially a nonfunctioning brain.

EXPIRATION SUMMARY

BEST AVAILABLE

NAME:

MRN:

ATT PHYS:

GWH/

D:

T:

R#:

DATE OF ADMISSION:

DATE OF EXPIRATION: -----

This situation was discussed with the family, and particularly the daughters. It was felt that she would not survive, and the family agreed that support should be withdrawn. Consequently, the Neo-Synephrine was gradually backed off, and her blood pressure dropped concurrently. At 19:58 on -----, the patient had no blood pressure, pulse, or spontaneous respiration and was pronounced. The family was informed. Autopsy was not requested.

EXPIRATION SUMMARY

NAME:

MRN:

ATT PHYS:

ADMITTED:

ROOM NUMBER:

**CHIEF COMPLAINT:** Status post motor vehicle accident with persistent chest pain and light headedness.

**HISTORY OF PRESENT ILLNESS:** Patient is a 75-year-old white female who was a right front seat passenger involved in a rear end collision two days ago. Her husband was driving a car and rear ended another car at about 20 miles per hour with deployment of her air bag. She was taken to where she was evaluated and kept in the emergency room for 3-4 hours and then discharged. At that time, she was found to have a right clavicular fracture and a fracture through the distal left radius. However, since going home on pain medications, patient has had persistent chest pain, going through to her back that has not improved. Patient also had periods of light headedness. Patient returned to the emergency room at this morning. Patient was found to have a left hemothorax and hypotension. Patient was stabilized and two units of packed red cells were started before transfer. En route to this hospital, patient had a syncopal episode, but was revived quickly.

**PAST MEDICAL HISTORY:** Patient is without medical illnesses. Patient is without surgeries.

**MEDICATIONS:** No medications except for pain medications given in the emergency room four days ago.

**ALLERGIES:** Patient denies allergies.

**FAMILY HISTORY/SOCIAL HISTORY:** Patient smoked many years ago, but has quit. No alcohol. Patient lives with her husband who was slightly injured in the accident, but otherwise is doing well. Patient has three grown children.

**REVIEW OF SYSTEMS:** With history of seizure or epilepsy. No history of angina, shortness of breath or myocardial infarction. Patient had asthma many years ago, but no problems recently. Patient is without history of hepatitis, diarrhea or constipation. Patient is without history of urinary tract infection. Patient is G3, P3.

**PHYSICAL EXAMINATION:** Patient is an elderly white female who appears to be acutely ill, but otherwise is in no acute distress.

Vital Signs: Blood pressure 88/55, pulse 120.

HEENT: Eyes: PERRL. Head and face is atraumatic.

Neck: Supple and nontender without masses.

Chest/Lungs: Marked ecchymosis across the anterior chest and breasts. She is in a figure-of-eight collar. Patient was sat up and her lungs were clear bilaterally without murmur or rub.

Heart: Regular rate and rhythm without murmur or rub.

Abdomen: Soft with marked ecchymosis across the lower abdomen.

Pelvis was atraumatic.

Genitalia: The vagina had apparent scarring and could not palpate the cervix.

Rectal: Without masses.

Extremities: Left wrist in a splint. Pedal pulses are symmetric and strong.

**LAB AND X-RAY:** Chest x-ray reveals a large hemothorax on the left side. An NG was introduced and the repeat x-ray revealed no deviation of the chest tube. There was some widening of the mediastinum, but was inconclusive for aortic tear.

NAME:

MRN:

ATT PHYS:

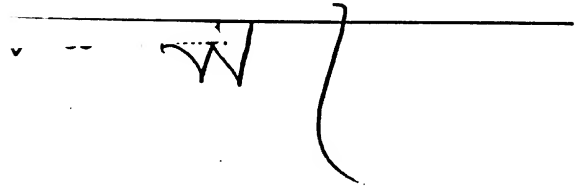
ADMITTED:

ROOM NUMBER:

IMPRESSION:

1. Motor vehicle accident with chest trauma. Patient has left hemothorax with concern of possible aortic injury.

PLAN: Insertion of left chest tube and CAT scan of the chest.

A handwritten signature, possibly 'WJ', is written over a horizontal line.

## CONSULTATION RECORD

ATTENDING PHYSICIAN \_\_\_\_\_

CONSULTING PHYSICIAN \_\_\_\_\_

DATE \_\_\_\_\_

REPORT REQUESTED REGARDING: \_\_\_\_\_

SIGNATURE OF ATTENDING PHYSICIAN: \_\_\_\_\_

M.D.

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

75Y0 ♀ w/ adm p AA → torn decussating aorta. Corneal p surgery. No response per chart. Now check current neuro state

Exam - VS stable w/ ↓ cardiac output

Neuro - unresponsive to noxious stimuli

-  $\phi$  MSR

-  $\phi$  micturition

- eyes → forward -

$\phi$  Doll's eye movement

⊖ to ice water caloric

- pupils 5-6 mm + unresponsive

- cataracts but unable to clearly identify any vascular elements in fundi

- ⊖ corneal reflex

Imp 1) severe anoxia  
vs brain death

Re ① ECG to be done in next 1-2 hrs

② supine 12

③ will discuss p ECG

Thay



## CONSULTATION RECORD

ATTENDING PHYSICIAN \_\_\_\_\_

CONSULTING PHYSICIAN \_\_\_\_\_

DATE \_\_\_\_\_

REPORT REQUESTED REGARDING: \_\_\_\_\_

SIGNATURE OF ATTENDING PHYSICIAN: \_\_\_\_\_

M.D.

DATE \_\_\_\_\_

TIME: \_\_\_\_\_

75 years in AA 5d ago  
 Arrived dehydrated - 100%  
 b2A Found to have Anterior  
 Septal 3/2A - Now in 2nd postop  
 P massive B/L loss, b2A on vent  
 but not on vent fully! - Surg. drains  
 Pulses in feet - 2/2A - No cyanosis  
 Inc. Post-Op Resp Failure  
 Shock - Massive B/L loss  
 51 P repair Transcat & Anter 2° AA.  
 Coagulopathy  
 Phr: Volume Exp: 2/2A  
 Coag studies Compensat repleant

NAME:

MRN:

ATT PHYS:

).

D:  
T:

ROOM #:

DATE:

SURGEON:

PROCEDURE: LEFT CLOSED TUBE THORACOSTOMY.

INDICATIONS: Left hemothorax secondary to chest trauma.

PREMEDICATIONS:

DESCRIPTION OF PROCEDURE: A 32 French straight chest tube was inserted in the left anterior axillary line in approximately the 7th interspace. Digital examination of the chest revealed multiple adhesions and loculations. The chest tube was inserted and drained approximately 150-200 cc of watery old bloody fluid. The chest tube was secured and a chest x-ray is pending.

NAME: ;

MRN:

ATT PHY:

BW:kr

D:

T:

4321

DATE:

SURGEON:

ASSISTANT:

PREOPERATIVE DIAGNOSIS: Hemorrhage from torn thoracic aorta just distal to the subclavian artery secondary to trauma.

POSTOPERATIVE DIAGNOSIS: Same with profound shock and cardiopulmonary resuscitation.

OPERATION: EMERGENCY LEFT THORACOTOMY WITH REPAIR OF DESCENDING THORACIC AORTA USING 18 MM. KNITTED HEMASHIELD GRAFT.

FINDINGS AND PROCEDURE: After having performed CPR on the patient in the operating room with minimal results, it was elected to open the chest on an emergency basis in an attempt to control bleeding from the descending thoracic aorta. The patient having been intubated in the x-ray area was then turned in a lateral position and the entire left chest prepped with betadine and draped to form a sterile field. An incision was made and the 4th intercostal space was entered. There were several units of blood in the chest. These were evacuated. Additional CPR was done through the open chest. Dissection was done to allow exposure of the aorta at the level of the subclavian artery. The subclavian artery was surrounded with a vessel loop. It was obvious that bleeding was coming from just distal to the subclavian artery. An area was selected for clamping the aorta below the area of injury. The patient was administered a milligram per kilogram of Aqueous Heparin intravenously. The clamp was applied proximal to the subclavian artery and the subclavian artery was secured with a vessel loop. The clamp was placed distally and the hematoma opened. The aorta was torn just distal to the subclavian. The aorta was debrided. An 18 mm. knitted hemashield graft was selected and then sewn to the aorta with 3-0 Prolene continuous suture technique. The graft was cut the appropriate length and was sewn to the more distal segment of the aorta with 3-0 Prolene continuous suture technique. Upon release of the clamp there was good pulsatile flow through the area.

OPERATIVE NOTE

NAME:

MRN:

ATT PHY: .

BW:kr

D:

T:

OPERATIVE NOTE

Continued

The remainder of the hematoma was evacuated from the chest cavity. Two large bore chest tubes were placed and the wound was closed by approximating the ribs with #2 Vicryl, the chest wall musculature with #1 Vicryl, the subcutaneous tissue with 3-0 Vicryl and the skin with 4-0 Vicryl and Steri-Strips. A sterile dressing was applied and the patient was returned to the Intensive Care Unit in critical condition.

---

cc:

OPERATIVE NOTE

## CONSULTATION NOTE

PATIENT NAME:

MEDICAL RECORD NUMBER:

DATE:

DOB:

**HISTORY:**                      called me to the ER regarding this patient. He had initially told me that she was on her way here by ambulance. She subsequently arrived and a few minutes later in moderate to severe distress. Apparently, she had been involved in a MVA on the 13th of this month. She was initially seen in this ER. She was found to have a fracture of the right clavicle. She had no bruising on her when initially seen. She was also found to have a fracture of the left wrist. She was treated and sent home. I understand that she has been seen in followup in the ER by several people and she had actually been doing well until last night when she developed chest pain. This morning she was on her way to                      but the ambulance team stopped off here since the patient appeared not to be doing well. I was called to see her as well. On arrival in the ER, the patient was noted to be in moderate distress. She was able to talk. Her skin was clammy, diaphoretic. She was complaining of some chest pain but stated that it was somewhat better than it had been. She was pale. There was bruising noted over the upper chest, across the abdomen, and the left lower abdomen area. There was asymmetry to her chest. The right upper part of the chest appeared to be fuller than the left side. Her HR was approx. 135. (The records are not available to me at the time of this dictation which is being done in the office.) Her B/P is running approximately 100 systolic. There were no obvious focal neurologic abnormalities. Her L wrist was in a splint. The patient was tender across the chest. The breath sounds are decreased on the left side with rales all areas of the left side. The right lung sounded clear. Abdomen: BSA. She was diffusely tender but this was at the area of the bruising. She does not guard and there is no rebound. There is no palpable paradox.                      listened to her B/P carefully and could detect no paradox by auscultation. Cardiac exam: heart sounds were somewhat distant. There is a I-II/VI SEM. No JVD was noted.

The chest x-ray shows what is probably a hemothorax on the left side. The right side looks fairly clear. There is a fracture of the right clavicle. There is at least one and probably two rib fractures on the left side. The mediastinum on the initial x-ray looks a little bit widened. Today's x-ray looks a little wide although not quite as pronounced as the initial one by my interpretation (the official interpretation is pending).

Hgb. today is 7.5.

**ASSESSMENT:**

1. Possible mediastinal rupture or aortic rupture.
2. Anemia. No previous blood work was available for comparison.

Patient Name &amp; Soc. Sec. No.

MRN:

Date

## PLAN:

At that time the patient was felt to be in impending cardiac collapse. O negative blood was started immediately. Oxygen was given. She was given fluids wide open. She was stabilized. Her HR came down to about 100. Arrangements were made for her to go FMH for further evaluation and treatment. Working diagnosis at this time is hemothorax, rule out aortic or mediastinal injury.

Also NOTE that this consultation note is being done many hours later in the office.

D:

T:

DATE	CLERK	TIME <b>15:42</b>	BEST AVAILABLE									
PATIENT NAME (LAST, FIRST, MIDDLE)			COUNTY	DATE OF BIRTH	AGE <b>75Y</b>	SEX <b>W</b>	RACE <b>F</b>	M.S. <b>U</b>	PATIENT NO.	MED. REC. NO.		
PATIENT ADDRESS (STREET, CITY, STATE, ZIP)								PHONE NO.		SOCIAL SECURITY NO.		
ATTENDING PHYSICIAN: FAMILY DR./ON CALL			TIME NOTIFIED	CONVEYED BY: <input checked="" type="checkbox"/> AMBULANCE <input type="checkbox"/> CAR <input type="checkbox"/> WALK <input type="checkbox"/> OTHER (SPECIFY):	PRIOR ADMIT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			DATE: -- --				
NOTIFY IN CASE OF EMERGENCY (NAME/ADDRESS)				WORK PHONE ( ) - ( ) - ( )			PHONE NO. HOME ( ) - ( ) - ( )			REL. TO PT.		
GUARANTOR NAME/ADDRESS				PHONE NO.			REL. TO PT.			P		
GUARANTOR'S EMPLOYER AND ADDRESS <b>UNEMPLOYED</b>				GUAR. EMP. PHONE NO. ( ) - ( ) - ( )			REL. TO PT.			P		
INSURANCE COVERAGE (NAME OF COMPANY)				CONTRACT/POLICY NO.		INSURED'S NAME		REL. TO PT.				
<b>A. PERSONAL PAY</b>												
INSURANCE COVERAGE (NAME OF COMPANY)				CONTRACT/POLICY NO.		INSURED'S NAME		REL. TO PT.				
<b>B.</b>												
INSURANCE COVERAGE (NAME OF COMPANY)				CONTRACT/POLICY NO.		INSURED'S NAME		REL. TO PT.				
<b>C.</b>								<b>93.54</b>				

**AUTHORIZATION FOR TREATMENT - ASSIGNMENT OF BENEFITS - RELEASE OF MEDICAL INFORMATION**

We hereby grant permission to Hoots Memorial Hospital and its Medical Staff to perform such Medical and Surgical procedures they deem necessary, also authorize the above named Health Insurance Companies or any other Health Insurance Company to remit direct to Hoots Memorial Hospital any Hospital Benefits, including Major Medical, and to the attending Physician any Medical or Surgical Benefits, including Major Medical otherwise payable to me, and that the same be applied to any medical bill which I may owe Hoots Memorial Hospital. Also authorize the release of any Medical Information required for processing such claim including Title XVIII and XIX.

ER Physician				Date				Patient/Responsible Party				
TEMP.	PULSE	RESP.	B/P	LAST TETANUS	ALLERGIES <b>NKA</b>							

PATIENT'S OWN MEDICATION:  <b>A/A - see Flow sheet - R tkwks</b>	MEDICATIONS (TIMES & INJECTION SITES)  <b>(R) Hand cleared</b>
--	--

NURSE'S SIGNATURE  <b>Injured in MVA (rear ended) brought in by EMS C/O. Neck pain (R) Shoulder pain, chest pain, (R) knee pain, (L) wrist pain &amp; (R) hand pain. No LOC. Is confused doesn't remember what happened. Denies H/A. SOB and pain numbness on paraesthesia. DISTENT! PERLA EOMS intact TM's w/ anopharynx w/ lungs clear. (C) RRR (M) FRR Clavicle (R) AS soft w/ (R) knee sm abrasion + mild induration. (R) Shoulder limited ROM over clavicle. Neck supple (R) Hand marked arthralgias + induration over dorsum of hand (L) wrist from no point + tenderness C/O pain across joint</b>	LAB  <b>UA - Vmax 8.06 (R) Shoulder (R) Hand (R) Wrist</b>  OTHER (EKG, ETC.)  <b>FXR Clavicle</b>
---	--

CLINICAL IMPRESSIONS & CONDITION AT DISCHARGE				OTHER (SPECIFY)		TRANS. TO	ADMISSION OR RELEASE TIME
<input type="checkbox"/> SATISFACTORY	<input type="checkbox"/> FAIR	<input type="checkbox"/> SERIOUS	<input type="checkbox"/> CRITICAL	<input type="checkbox"/> STABLE	<input type="checkbox"/> IMPROVED		
DIAGNOSIS <b>MVA Multiple contusions Fx Clavicle</b>							
TREATMENT <b>Figure 8 brace to clavicle shoulder to stabilize</b>							
INSTRUCTIONS TO PATIENT: <input type="checkbox"/> SEE DR.				ON <b>Monday for crutch</b>			

PATIENT'S SIGNATURE	DATE	PHYSICIAN'S SIGNATURE <b>Set</b>
---------------------	------	----------------------------------

TO ALL OUR PATIENTS: ALTHOUGH THE EMERGENCY DEPARTMENT PHYSICIAN MAY MAKE A PRELIMINARY INTERPRETATION, THE OFFICIAL RESULTS OF X-RAY, LAB, AND AVAILABLE FOR 24-48 HOURS. YOU SHOULD CHECK WITH YOUR FAMILY DOCTOR ABOUT THESE AND OTHER MATTERS AS NEEDED. YOU HAVE RECEIVED EMERGENCY CARE OF



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ER#:

[illegible]

INTAKE	ER PHONE CONTACT AFTER DISCHARGE FROM ER (if Pt. meets criteria for phone contact):	
PO _____	Has Follow-up Appointment Been Arranged: _____	
_____	Pts. Condition at Time of Contact: _____	
IVF's _____	_____	
_____	_____	
_____	_____	
OUTPUT	Instructions Given To Pt. at Time of Contact: _____	
Urine _____	_____	
Emesis _____	_____	
Stool _____	_____	
	ER Nurse Signature: _____	Discharge Diagnosis: _____
	Nursing Report to: _____	Signature of Person Making Phone Contact: _____

706 (4/94)

# DISCHARGE INSTRUCTIONS

BEST AVAILABLE

NOTE: The examination and treatment you have received has been rendered on an emergency basis only and is not intended to be a substitute for or an effort to provide complete medical care. Often additional treatment is necessary and should be provided by your family doctor or the physician to whom you have been referred. (A copy of your records and test results will be sent to the physician) sent on a regular basis to family M.D./M.D. on call. Report to the physician any new or remaining problems because it is possible that all elements of the injury or illness may not be recognized and treated in a single visit. Meanwhile, FOLLOW THE INSTRUCTIONS BELOW as indicated for you.

WOUND / SUTURE CARE	EAR, EYE, NOSE AND THROAT CARE	MEDICATIONS
<input type="checkbox"/> KEEP WOUND CLEAN AND DRY. <input type="checkbox"/> WASH AROUND WOUND EDGE WITH _____ 3 TIMES A DAY. <input type="checkbox"/> REPORT TO YOUR DOCTOR IF SWELLING, BRUISING, PUS, DRAINAGE, FOUL SMELL, NUMBNESS, FEVER OR DISCOLORATION DEVELOPS. <input type="checkbox"/> KEEP WOUND COVERED WITH STERILE BANDAGE. <input type="checkbox"/> IF DRESSING NEEDS TO BE CHANGED, YOU SHOULD: <input type="checkbox"/> REAPPLY STERILE DRESSING. <input type="checkbox"/> REPORT TO YOUR DOCTOR WITHIN 2 DAYS. <input type="checkbox"/> STITCHES/STERI STRIPS COME OUT IN DAYS.	<input type="checkbox"/> REST FOR _____ DAYS. <input type="checkbox"/> DO NOT PUT OBJECTS INTO YOUR EARS. <input type="checkbox"/> WEAR EYE PATCH FOR _____ HRS. <input type="checkbox"/> DO NOT DRIVE WHILE WEARING EYE PATCH. <input type="checkbox"/> AVOID BRIGHT LIGHTS/T.V. FOR _____ HRS. <input type="checkbox"/> APPLY COOL COMPRESS. <input type="checkbox"/> DO NOT BLOW YOUR NOSE. <input type="checkbox"/> REPORT TO YOUR DOCTOR IMMEDIATELY IF BLEEDING OCCURS THRU PACKING. <input type="checkbox"/> USE ICE PACK TO BRIDGE OF NOSE. <input type="checkbox"/> FUTURE BLEEDING MAY BE STOPPED BY PINCHING NOSTRILS TOGETHER FOR A FULL 10 MINS. AND APPLYING ICE PACKS. <input type="checkbox"/> WARM SALTWATER GARGLES AS DESIRED. <input type="checkbox"/> SOFT FOODS FOR _____ DAYS. <input type="checkbox"/> REPORT TO YOUR DOCTOR IF FEVER GREATER THAN 100.6 DEVELOPS.	<input type="checkbox"/> YOU HAVE BEEN GIVEN PRESCRIPTIONS FOR <input type="checkbox"/> PAIN _____ <input type="checkbox"/> INFECTION _____ <input type="checkbox"/> OTHER(S) _____ <input type="checkbox"/> FOLLOW LABEL DIRECTIONS FOR PRESCRIPTIONS. <input type="checkbox"/> TAKE WITH FOOD OR MILK. <input type="checkbox"/> TAKE ON AN EMPTY STOMACH. <input type="checkbox"/> DO NOT DRINK ALCOHOL WHILE TAKING MEDICATIONS. <input type="checkbox"/> MEDICATIONS MAY CAUSE DROWSINESS; DO NOT DRIVE OR OPERATE MACHINERY WHILE TAKING IT <input type="checkbox"/> TAKE HOME MEDICATION INSTRUCTIONS GIVEN.
SPRAIN, FRACTURE AND BRUISE CARE	MEDICAL CARE	STOMACH AND BOWEL UPSET
<input type="checkbox"/> APPLY ICE PACK EVERY 3 HRS. FOR 15 MINS. DURING FIRST 24 HOURS. <input type="checkbox"/> APPLY HEAT EVERY 4 HRS. FOR 15 MINS. AFTER 24 HRS. OF ICE. <input type="checkbox"/> KEEP INJURED PART ELEVATED AND AT REST. KEEP CAST CLEAN AND DRY. <input type="checkbox"/> MOVE FINGERS/TOES EVERY HOUR WHILE AWAKE. <input type="checkbox"/> REPORT TO YOUR DOCTOR IMMEDIATELY IF SWELLING, BRUISING, PUS, FOUL SMELL, NUMBNESS, FEVER OR DISCOLORATION DEVELOPS. <input type="checkbox"/> YOU MAY WALK ON THE CAST AFTER _____ HRS. <input type="checkbox"/> USE CRUTCHES FOR _____ DAYS. <input type="checkbox"/> ACE WRAP FOR _____ DAYS OR UNTIL PAIN FREE. REWRAP IF TOO TIGHT OR TOO LOOSE. <input type="checkbox"/> GAIT TRAINING GIVEN AND PERFORMED. <input type="checkbox"/> WEAR SLING/SPLINT FOR _____ DAYS.	<input type="checkbox"/> DRINK PLENTY OF LIQUIDS. <input type="checkbox"/> CLEAR LIQUIDS FOR _____ HRS. <input type="checkbox"/> NO SOLID FOODS FOR _____ HRS. <input type="checkbox"/> NO FRIED, FATTY, SPICY FOODS. <input type="checkbox"/> NO ALCOHOL. <input type="checkbox"/> NO CAFFEINE. <input type="checkbox"/> DIET INSTRUCTIONS GIVEN: (_____ DIET) <input type="checkbox"/> EAT BEDTIME SNACK. <input type="checkbox"/> THREE FULL MEALS EVERY DAY. <input type="checkbox"/> REST FOR _____ DAYS. <input type="checkbox"/> TAKE ASPIRIN/TYLENOL EVERY _____ HRS. <input type="checkbox"/> WARM SOAKS/HEATING PAD EVERY _____ HRS. FOR _____ MINS. <input type="checkbox"/> COLD COMPRESSES/ICE PACKS EVERY _____ HRS. FOR _____ MINS. <input type="checkbox"/> REDUCE/STOP SMOKING. <input type="checkbox"/> REPORT TO YOUR DOCTOR IF FEVER GREATER THAN 100.6 DEVELOPS OR PAIN WORSENS.	1. Do not eat anything for 2-4 hours. 2. If there is no vomiting and/or diarrhea, then offer 2 tablespoons (1 ounce) of any of the following clear liquids: Coke, Ginger ale, 7-Up, Koolaid, weak tea, Gatorade or Jello water. If patient is hungry you may add 1 teaspoon sugar to each ounce of liquid. 3. Gradually build up diet. <b>NOTIFY THE DOCTOR IF ANY ONE OF THE FOLLOWING OCCUR:</b> 1. Blood or mucus is seen in the stool. 2. Vomiting or especially vomiting with fever. (101). 3. Persistent symptoms lasting more than 24 hours. <b>FEVER INSTRUCTION</b> 1. Take the temperature at least every 2 to 4 hours. Normal temperature: oral 98.6 F; rectal 99.6 F 2. Do NOT overdress your child. Too much clothing or bedclothing tend to keep temperature higher. 3. Encourage oral liquids such as soft drinks, juices or water. 4. Follow the physician's orders with regard to antibiotics and other medications. Do not give aspirin. 5. Call your physician immediately if the patient twitches or convulses, or if the high fever is persistent and worrisome to you.
HEAD INJURY CARE		
<input type="checkbox"/> REST FOR _____ HRS. <input type="checkbox"/> TAKE ONLY LIQUIDS FOR _____ HRS. <input type="checkbox"/> WEAR CERVICAL COLLAR FOR _____ DAYS. <input type="checkbox"/> REPORT TO YOUR DOCTOR IMMEDIATELY IF ANY OF THE FOLLOWING OCCUR: <ul style="list-style-type: none"> <li>Persistent headaches</li> <li>Bleeding or clear fluid drains from nose or ears</li> <li>Blurred or double vision</li> <li>Black areas of eyes become irregular</li> <li>Weakness in arms/legs</li> <li>Persistent vomiting</li> <li>Confusion, irritability or unusual drowsiness (if sleeping, wake up every 2 hrs. for 24 hrs.)</li> </ul>		

ALL X-RAYS AND EKG'S ARE REVIEWED BY A RADIOLOGIST AND/OR INTERNIST. YOU WILL BE NOTIFIED IF THEIR INTERPRETATIONS DIFFER FROM THE INTERPRETATIONS OF THE EMERGENCY PHYSICIAN WHO TREATED YOU. PLEASE PROVIDE A NUMBER WHERE YOU CAN BE REACHED: \_\_\_\_\_

WORK / SCHOOL STATEMENT	Additional Comments
<input type="checkbox"/> ABLE TO WORK/GO TO SCHOOL/RESUME PREVIOUS ACTIVITIES. <input type="checkbox"/> LIMIT ACTIVITY FOR _____ DAYS. <input type="checkbox"/> ABLE TO RETURN TO WORK/ATTEND SCHOOL ON ____ / ____ / ____. <input type="checkbox"/> _____	<p><i>Tenaxolol for pain every 4-6 hrs. Come back.</i></p>
FOLLOW-UP APPOINTMENTS	
<input type="checkbox"/> CALL YOUR FAMILY DOCTOR FOR A FOLLOW-UP APPOINTMENT. (Your doctor may wish to see the x-rays made while you were in the Emergency Services Department. Please inquire about this when making your appointment.) <input type="checkbox"/> REFERRED TO: <i>for Referral to orthopedics.</i>	<p>I acknowledge that I have been informed of and understand all of the instructions given to me and have received a copy thereof. I have been instructed to contact a physician as soon as possible for continued medical diagnosis and care if indicated. I do not have any more questions at this time, but understand that I may call the Emergency Department any time should I have any further questions or need assistance obtaining follow-up care.</p> <p>X _____ Signature of patient (or Authorized Representative) Date _____ Time _____</p> <p>_____ Nurse Signature</p>

## X-RAY REPORT

BEST AVAILABLE

PATIENT NAME:	ATTENDING PHYSICIAN:	ROOM NO.: ER	X-RAY NO.:
---------------	----------------------	-----------------	------------

Hx: Auto accident.

LATERAL CERVICAL SPINE: A cross-table lateral projection of the cervical spine reveals no subluxation or compression deformity. There is no prevertebral soft tissue swelling. After clearing this view, a complete cervical spine series was obtained. (see below).

CERVICAL SPINE SERIES: There are degenerative changes of the lower cervical spine. There are no compression fractures or subluxation on the neutral lateral view. Flexion and extension views could not be obtained.

RIGHT SHOULDER AND RIGHT CLAVICLE: There is a comminuted fracture of the mid portion of the clavicle with apex inferior angulation at the major fragments. The shoulder is otherwise unremarkable.

RIGHT HAND: There is mild osteoporosis and there is dorsal soft tissue swelling. There are no acute bony abnormalities.

LEFT WRIST: There is an oblique fracture through the lateral surface of the distal radius which extends to the articular surface. There is an old ununited fracture of the ulna styloid process.

CHEST: There is no pneumothorax, acute infiltrate, or cardiac enlargement.

RIGHT KNEE: The bony structures appear normal without evidence of a fracture or dislocation. No significant soft tissue abnormalities are detected.

CONCLUSION: There is a comminuted fracture of the right clavicle, and there is an intraarticular fracture of the distal left radius.

PB/---  
D:  
T:

ORIGINAL

PLACE TOP OF REPORT #3 HERE

PLACE TOP OF REPORT #2 HERE

<input checked="" type="checkbox"/> 90001 ROUTINE URINALYSIS <input type="checkbox"/> 90019 MICROSCOPIC		NURSE-WARD CLK. _____ TECH. _____		300
<input type="checkbox"/> ROUTINE <input type="checkbox"/> STAT COMMENTS: _____		TIME AM/PM _____ DATE COLLECTED _____ MEDICATION _____		TIME AM/PM _____ DATE COLLECTED _____
POS. _____ NEG. _____ PROTEIN _____ SUGAR _____ ACETONE _____ BILIRUBIN _____ BLOOD _____ NITRITE _____ URO-BILINOGEN _____ BUNIN _____ LEUK-ESTERASE _____ MICROSCOPIC EPITHELIAL CELLS/HPF _____ RARE _____ SQUAMOUS _____ RENAL _____ MISCELLANEOUS _____ CAST/HPF _____ HYALINE _____ GRANULAR _____ MUCUS/HPF _____ BACTERIA/HPF _____ WBC/HPF _____ RBC/HPF _____		CHART		

CHART

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

MR#: \_\_\_\_\_ ER#: \_\_\_\_\_

Return visit from  
S/P MVA.all: Sulta BEST AVAILABLE

TIME	VITAL SIGNS	MEDICATION ROUTE / AMT	NURSE'S NOTES
9:30	154/88, 96, 16 Temp → 98°		pt. presents ambulatory. Reports having "a rough night." Go pain @ rib under breast. - clavicle splint intact.
			- Cock-up splint placed to @ Wrist p. xray revealed hairline fx & pt. cld ↑ pain.
			Physician note:
			Some @ chest wall pain last pm Breathg ok
			@ wrist tender radial side neurovascular intact
			Lungs clear
			@ lower ant chest mildly tender neck supple nontender
			A: possible @ rib fracture or contusion @ clavicle fx, @ radial styloid hairline fx
			P: No rib belt. Paracetamol prn; @ wrist

## INTAKE

## ER PHONE CONTACT AFTER DISCHARGE FROM ER (if Pt. meets criteria for phone contact):

PO \_\_\_\_\_

Has Follow-up Appointment Been Arranged: \_\_\_\_\_

Splint ; clavicle strap

IVF's \_\_\_\_\_

Pts. Condition at Time of Contact: \_\_\_\_\_

To see her

or

call to arrange appointment with  
ortho here on Weds with x-rays

## OUTPUT

Instructions Given To Pt. at Time of Contact: \_\_\_\_\_

as above -

see Inst sheet

Urine \_\_\_\_\_

Emesis \_\_\_\_\_

Stool \_\_\_\_\_

ER Nurse Signature: \_\_\_\_\_

Discharge Diagnosis: \_\_\_\_\_

Nursing Report to: \_\_\_\_\_

Signature of Person Making  
Phone Contact: \_\_\_\_\_

NOTE: The examination and treatment you have received has been rendered on an emergency basis only and is not intended to be a substitute for or an effort to provide complete medical care. Often additional treatment is necessary and should be provided by your family doctor or the physician to whom you have been referred. (A copy of your records and test results will be sent to the physician) sent on a regular basis to family M.D./M.D. on call. Report to the physician any new or remaining problems because it is possible that all elements of the injury or illness may not be recognized and treated in a single visit.

Meanwhile, FOLLOW THE INSTRUCTIONS BELOW as indicated for you.

WOUND / SUTURE CARE	EAR, EYE, NOSE AND THROAT CARE	MEDICATIONS
<input type="checkbox"/> KEEP WOUND CLEAN AND DRY. <input type="checkbox"/> WASH AROUND WOUND EDGE WITH _____ 3 TIMES A DAY. <input type="checkbox"/> REPORT TO YOUR DOCTOR IF SWELLING, BRUISING, PUS, DRAINAGE, FOUL SMELL, NUMBNESS, FEVER OR DISCOLORATION DEVELOPS. <input type="checkbox"/> KEEP WOUND COVERED WITH STERILE BANDAGE. <input type="checkbox"/> IF DRESSING NEEDS TO BE CHANGED, YOU SHOULD: <input type="checkbox"/> REAPPLY STERILE DRESSING. <input type="checkbox"/> REPORT TO YOUR DOCTOR WITHIN 2 DAYS. <input type="checkbox"/> STITCHES/STERI STRIPS COME OUT IN DAYS.	<input type="checkbox"/> REST FOR _____ DAYS. <input type="checkbox"/> DO NOT PUT OBJECTS INTO YOUR EARS. <input type="checkbox"/> WEAR EYE PATCH FOR _____ HRS. <input type="checkbox"/> DO NOT DRIVE WHILE WEARING EYE PATCH. <input type="checkbox"/> AVOID BRIGHT LIGHTS/T.V. FOR _____ HRS. <input type="checkbox"/> APPLY COOL COMPRESS. <input type="checkbox"/> DO NOT BLOW YOUR NOSE. <input type="checkbox"/> REPORT TO YOUR DOCTOR IMMEDIATELY IF BLEEDING OCCURS THRU PACKING. <input type="checkbox"/> USE ICE PACK TO BRIDGE OF NOSE. <input type="checkbox"/> FUTURE BLEEDING MAY BE STOPPED BY PINCHING NOSTRILS TOGETHER FOR A FULL 10 MINS. AND APPLYING ICE PACKS. <input type="checkbox"/> WARM SALTWATER GARGLES AS DESIRED. <input type="checkbox"/> SOFT FOODS FOR _____ DAYS. <input type="checkbox"/> REPORT TO YOUR DOCTOR IF FEVER GREATER THAN 100.6 DEVELOPS.	<input type="checkbox"/> YOU HAVE BEEN GIVEN PRESCRIPTIONS FOR <input type="checkbox"/> PAIN _____ <input type="checkbox"/> INFECTION _____ <input type="checkbox"/> OTHER(S) _____ <input type="checkbox"/> FOLLOW LABEL DIRECTIONS FOR PRESCRIPTIONS. <input type="checkbox"/> TAKE WITH FOOD OR MILK. <input type="checkbox"/> TAKE ON AN EMPTY STOMACH. <input type="checkbox"/> DO NOT DRINK ALCOHOL WHILE TAKING MEDICATIONS. <input type="checkbox"/> MEDICATIONS MAY CAUSE DROWSINESS; DO NOT DRIVE OR OPERATE MACHINERY WHILE TAKING IT <input type="checkbox"/> TAKE HOME MEDICATION INSTRUCTIONS GIVEN.
SPRAIN, FRACTURE AND BRUISE CARE	MEDICAL CARE	STOMACH AND BOWEL UPSET
<input type="checkbox"/> APPLY ICE PACK EVERY 3 HRS. FOR 15 MINS. DURING FIRST 24 HOURS. <input type="checkbox"/> APPLY HEAT EVERY 4 HRS. FOR 15 MINS. AFTER 24 HRS. OF ICE. <input type="checkbox"/> KEEP INJURED PART ELEVATED AND AT REST. KEEP CAST CLEAN AND DRY. <input type="checkbox"/> MOVE FINGERS/TOES EVERY HOUR WHILE AWAKE. <input type="checkbox"/> REPORT TO YOUR DOCTOR IMMEDIATELY IF SWELLING, BRUISING, PUS, FOUL SMELL, NUMBNESS, FEVER OR DISCOLORATION DEVELOPS. <input type="checkbox"/> YOU MAY WALK ON THE CAST AFTER _____ HRS. <input type="checkbox"/> USE CRUTCHES FOR _____ DAYS. <input type="checkbox"/> ACE WRAP FOR _____ DAYS OR UNTIL PAIN FREE. REWRAP IF TOO TIGHT OR TOO LOOSE. <input type="checkbox"/> GAIT TRAINING GIVEN AND PERFORMED. <input type="checkbox"/> WEAR SLING/SPLINT FOR _____ DAYS.	<input type="checkbox"/> DRINK PLENTY OF LIQUIDS. <input type="checkbox"/> CLEAR LIQUIDS FOR _____ HRS. <input type="checkbox"/> NO SOLID FOODS FOR _____ HRS. <input type="checkbox"/> NO FRIED, FATTY, SPICY FOODS. <input type="checkbox"/> NO ALCOHOL. <input type="checkbox"/> NO CAFFEINE. <input type="checkbox"/> DIET INSTRUCTIONS GIVEN: (_____ DIET) <input type="checkbox"/> EAT BEDTIME SNACK. <input type="checkbox"/> THREE FULL MEALS EVERY DAY. <input type="checkbox"/> REST FOR _____ DAYS. <input type="checkbox"/> TAKE ASPIRIN/TYLENOL EVERY _____ HRS. <input type="checkbox"/> WARM SOAKS/HEATING PAD EVERY _____ HRS. FOR _____ MINS. <input type="checkbox"/> COLD COMPRESSES/ICE PACKS EVERY _____ HRS. FOR _____ MINS. <input type="checkbox"/> REDUCE/STOP SMOKING. <input type="checkbox"/> REPORT TO YOUR DOCTOR IF FEVER GREATER THAN 100.6 DEVELOPS OR PAIN WORSENS.	1. Do not eat anything for 2-4 hours. 2. If there is no vomiting and/or diarrhea, then offer 2 tablespoons (1 ounce) of any the following clear liquids: Coke, Ginger ale, 7-Up, Koolaid, weak tea, Gatorade or Jello water. If patient is hungry you may add 1 teaspoon sugar to each ounce of liquid. 3. Gradually build up diet. <b>NOTIFY THE DOCTOR IF ANY ONE OF THE FOLLOWING OCCUR:</b> 1. Blood or mucus is seen in the stool. 2. Vomiting or especially vomiting with fever, (101). 3. Persistent symptoms lasting more than 24 hours. <b>FEVER INSTRUCTION</b> 1. Take the temperature at least every 2 to 4 hours. Normal temperature: oral 98.6 F; rectal 99.6 F 2. Do NOT overdress your child. Too much clothing or bedclothing tend to keep temperature higher. 3. Encourage oral liquids such as soft drinks, juices or water. 4. Follow the physician's orders with regard to antibiotics and other medications. Do not give aspirin. 5. Call your physician immediately if the patient twitches or convulses, or if the high fever is persistent and worrisome to you.
HEAD INJURY CARE		
<input type="checkbox"/> REST FOR _____ HRS. <input type="checkbox"/> TAKE ONLY LIQUIDS FOR _____ HRS. <input type="checkbox"/> WEAR CERVICAL COLLAR FOR _____ DAYS. <input type="checkbox"/> REPORT TO YOUR DOCTOR IMMEDIATELY IF ANY OF THE FOLLOWING OCCUR: • Persistent headaches • Bleeding or clear fluid drains from nose or ears • Blurred or double vision • Black areas of eyes become irregular • Weakness in arms/legs • Persistent vomiting • Confusion/irritability or unusual drowsiness (if sleeping, wake up every 2 hrs. for 24 hrs.)		

ALL X-RAYS AND EKG'S ARE REVIEWED BY A RADIOLOGIST AND/OR INTERNIST. YOU WILL BE NOTIFIED IF THEIR INTERPRETATIONS DIFFER FROM THE INTERPRETATIONS OF THE EMERGENCY PHYSICIAN WHO TREATED YOU. PLEASE PROVIDE A NUMBER WHERE YOU CAN BE REACHED: \_\_\_\_\_

WORK / SCHOOL STATEMENT	Additional Comments
<input type="checkbox"/> ABLE TO WORK/GO TO SCHOOL/RESUME PREVIOUS ACTIVITIES. <input type="checkbox"/> LIMIT ACTIVITY FOR _____ DAYS. <input type="checkbox"/> ABLE TO RETURN TO WORK/ATTEND SCHOOL ON ____/____/____. <input type="checkbox"/> _____	<p><i>Make sure you can BREATH DEEPLY, and do so frequently through the day. Use the Darvocet/Noo for pain if necessary. Wear the Cervical splint &amp; the clavicle strap. NO RIB BELT</i></p>
FOLLOW-UP APPOINTMENTS	
<input type="checkbox"/> CALL YOUR FAMILY DOCTOR FOR A FOLLOW-UP APPOINTMENT. (Your doctor may wish to see the x-rays made while you were in the Emergency Services Department. Please inquire about this when making your appointment.) <input checked="" type="checkbox"/> REFERRED TO: <i>See your doctor or call back here to set up an appointment with orthopedics here on Wednesday</i> <input type="checkbox"/> _____ <i>*Take things to appointment given</i>	<p>I acknowledge that I have been informed of and understand all of the instructions given to me and have received a copy thereof. I have been instructed to contact a physician as soon as possible for continued medical diagnosis and care if indicated. I do not have any more questions at this time, but understand that I may call the Emergency Department any time should I have any further questions or need assistance in obtaining follow-up care.</p> <p>X _____ 0955</p> <p>Physician Signature of patient (or Authorized Representative) _____ Date _____ Time _____</p> <p>Nurse Signature _____</p>